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ABSTRACT

This monograph examines philosophies, policies, and practices of member nations of the Organisation for Economic Cooperation and Development concerning the educational integration of children with disabilities. Information is based on a 1988 questionnaire sent to experts to collect data on relevant legislation and statutory instruments as well as statistical information on school services. Supplementary information included analysis of data collected on field trips, more recent surveys, reports and explanatory brochures, and books and articles on integration. Information focuses on the following countries: Australia, France, Ireland, Italy, Japan, New Zealand, Portugal, Spain, and the United States. The narrative provides a comparative analysis on the following topics: (1) ways of defining people with disabilities, (2) changes in attitudes toward people with disabilities, (3) placement decisions, (4) differences in the application of integration, (5) training teachers and support staff, (6) the disabled who are integrated, (7) integration in different phases or levels of education, and (8) the future of integration. Annexes include U.S. legal definitions for various disabilities; tables which present numerical comparative data; and a listing of legislation, regulations, and official reports by country. (Contains 40 references.) (DB)

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THE INTEGRATION OF DISABLED CHILDREN INTO MAINSTREAM EDUCATION: AMBITIONS, THEORIES AND PRACTICES

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ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

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Foreword

The integration of the disabled into the mainstream of education has been a goal of education for many nations and is a significant trend in almost all OECD countries.

In spite of major advances there is still a long way to go. Even those countries with long experience of integration do not have *all* of their disabled children in integrated education -- indeed, there remain some groups who do not wish to be integrated.

The concept of integration is more than an educational pragmatic. It is a process of enlightenment which is as strong as notions of democracy, social justice and equality. It is a key part of the continuing implementation of these aspirations.

In this book, philosophies, policies and practices in Member countries that relate to the changing concept of special educational needs and the integration of disabled pupils into ordinary schools are discussed. These are issues which are even more alive today (1993) than they were 15 years ago when CERI began work in this area.

Although the work reported in this book is based on data collected in 1988, during the course of its production the original manuscript has been substantially revised by Aimé Labregère, Mary Malecka and Peter Evans.

The final English text was prepared and updated by Mary Malecka based on the original French report by Aimé Labregère. Although some time has passed since its original formulation, the conclusions of this work remain pertinent.

Tragically, Aimé Labregère died during the course of the book's revision. This volume constitutes a tribute to a dedicated educator and scholar, a wonderful colleague and a true friend of the disabled. It is published on the responsibility of the Secretary-General of the OCDE.

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Introduction

This survey was undertaken in order to identify the common areas of success and difficulty experienced by Member countries in introducing the practice of integrating disabled pupils into ordinary schools. A questionnaire sent to experts in 1988 sought data on relevant legislation and statutory instruments as well as statistical information on provision in schools.

It is also based on a quantity of published material comprising reports and explanatory brochures either attached to the replies or collected during the field trips, recent surveys carried out for the OECD or UNESCO, and books and articles on integration published over the last few years.

However, it became increasingly evident when preparing the consolidated report that the apparent consensus which seemed to emerge from the general statements conceals divergences. These are due not only to differences in the education systems and special education provision existing before any changes were made, and in the amount of resources that each country is able to devote to the introduction of new practices, but above all to the diversity of approaches.

But, as was pointed out in UNESCO's *Review of the Present Situation of Special Education* (Hegarty, 1988), "The confusions arise when the sense of a dynamic process is lost and integration is taken to be a fixed state." In these circumstances, it is essential right from the start to highlight a number of differences concerning the scope, terminology, underlying models and aims pursued which can play an important part in determining the strategies observed. Being based on necessarily limited information, this attempt to highlight the contrasts inevitably gives rise to interpretations that are likely to be subjective. It is nonetheless essential since it may well be that a number of the present difficulties are due, as suggested by Gliedman and Roth (1980), to the use of a common vocabulary that masks the absence of a common approach.

It was therefore considered that the aim of the present survey should be not only to contribute to the dissemination of information on national practices but at the same time to put things in perspective and stimulate discussion.

Ways of defining handicapped people

The introduction of integration and the recognition of its benefits have revealed the undesirable consequences of labelling according to type of disability, which focuses attention on the individual's deficiencies and emphasizes the negative aspects of his situation; nevertheless, the practice of labelling does remain very widespread, and has to do more with the need to categorise individuals for the purposes of social service allowances and other benefits than for the provision of education.

In some countries (Germany, Switzerland), such benefits are provided contractually under the terms of social insurance schemes. As with any insurance scheme, entitlement to these benefits has therefore to be defined as precisely as possible.

Labelling individuals who are seen to need special education is unavoidable in those countries where the forms of assistance and support required are considered as to be exceptions to the general rule. In these circumstances precise definition is necessary, in order to avoid abuse of the system. It is also seen as an expedient for compiling forecasts based on epidemiological studies. These by nature require some form of objective criteria and basis for measurement. Gow (1988) puts at the head of a list of barriers to integration in Australia: "(i) inconsistencies in diagnostic criteria used to identify students with special needs, and (ii) the lack of an appropriate database on prevalence figures for students with special needs,

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to allow for adequate planning (Brown, 1988)." Some countries consider that the definitions and entitlement to special support should be based on criteria that are as objective as possible. in those countries more emphasis is placed on measuring the degree of handicap.

The "Circular on Special Education covered by Invalidity Insurance" of 1 January 1968, updated on 1 January 1973, introduced the system of definitions for use in Switzerland. It is based on psychological measurements (mental handicap, i.e. an IQ of less than 75) or medical disability (visual impairment, i.e. binocular visual acuity of less than 0.3 after correction; hearing impairment, i.e. auditory sensibility reduced by at least 40 per cent). These are "predictive definitions" (meaning that the requisite educational solution can be predicted).

Two-tier definitions are more common. The first criterion is the extent of any impairment, based on observations of learning abilities. The second is medical or medico-psychological and enables a distinction to be made between the handicapped, for whose impairment there are physiological (or at least functional) causes, and the non-handicapped, who are considered as not belonging to this category and therefore not in need of special education. These are "pragmatic definitions" (e.g. special educational provision is made once it becomes apparent that ordinary teaching is not working). The matrix used in the United States, which was introduced under the 1975 Public Law, is a good example of this type of approach (Annex A).

Entitlement to special education is subject to two conditions: i) observed or predictable educational underperformance; ii) an "objective" cause. The latter includes measurable causes (intelligence, visual impairment, hearing impairment) and those relating to a recognised condition (schizophrenia, autism, minor dysfunctions of the brain). On the other hand, causes connected with environmental, cultural or economic disadvantages are not included and do not carry entitlement to the corresponding benefits. As we shall see, practice in the United States has very largely ignored these limitations.

The progress that is being made in all countries stems from a changed attitude which focuses on an assessment of a person's needs and considers the environment in which that individual can best develop, rather than concentrating on deficiencies. As a result, regardless of whether or not a particular legislative framework has been changed, the field of special education itself is undergoing radical change and moving towards a general acceptance of the principle of integration.

Changes in attitude to the disabled

a) The new approach

In the United Kingdom, the Warnock Report (1978) changed the basis for defining handicap and for viewing the practice of integration. It considers the problem solely from the standpoint of a need for special educational provision: "...we estimate that up to one child in five is likely to require special educational provision at some point during his school career. This means that a teacher of a mixed ability class of thirty children even in an ordinary school should be aware that possibly as many as six of them may require some form of special provision at some time during their school life and about four or five of them may require special provision at any given time" (Warnock Report, p. 41).

This approach clearly begins to address the problems associated with the concept of labelling and definitions of handicap. As it is based exclusively on educational need, it focuses attention primarily on what provision the school is going to make for children with special educational needs -- an aspect of educational concern which had not previously been given priority.

This new approach paves the way for the introduction of new methods of organisation which facilitate integration of the disabled since methods of teaching that are relevant to them will have already been introduced in order to help other less disabled special-needs pupils.

Such an approach has considerable advantages: it helps to avoid the paradox and, more importantly, the practical consequences of the integration of children with serious learning difficulties into an environment where those whose difficulties are less acute but nonetheless real are still left with no special help and have to compete unaided.

The answers to the questionnaire and the accompanying comments prompt a number of observations. In most countries which have broadened their definition of the special school population (by including those who used to be classed as underachievers), it is customary not to count the number of beneficiaries or, at least, to leave the record-keeping, which the Warnock Report agreed was necessary, to local authorities and to refrain from compiling national totals.

The concern is to ensure that, although these children receive 'special education', they are not labelled or stigmatised. For this reason France has refrained from counting the numbers receiving help from the *groupes d'aide psycho-pédagogique* set up in 1970, as was done in various countries for similar schemes whose prime purpose was preventative.

The United Kingdom, Norway and Sweden seem to have gone even further and have gradually given up counting even those pupils who traditionally received special education. It goes without saying that this decompartmentalisation is perfectly in tune with the new approach. Even though there may be a few drawbacks in individual cases, the advantages seem obvious. In particular, the school is given greater responsibility and often receives an additional overall lump sum to provide the necessary support for its pupils which it can then allocate in the best possible way between all those with learning difficulties. On the other hand, in Denmark, the United States and Finland, this new approach has resulted in a sudden and substantial rise in the number of so-called "integrated" pupils.

The difficulties encountered in defining and describing this 'extension of the field' prompt the remark that this new approach raises some problems that might best be tackled by observing the way questions of terminology arise. The first stems from the fact that the figures quoted in the Warnock Report (e.g. 20 per cent of the school population) are sometimes taken as "epidemiological" evidence that can be used in situations where it is not planned to cater, even eventually, for the needs of the "new population" via special education.

An unpublished OECD report on special education in Greece provides a good example of the sort of difficulties than can arise: "There are no official statistics concerning the number of disabled children, but, on the basis of comparable international data, we estimate that there are 10 per cent of our school population (approximately 170 000 young people of 4-18 years old) with a slight and temporary or serious and sometimes chronic problem. The majority of children with special educational needs are in the ordinary schools where they must remain integrated, because we believe that the purpose of special education is not to separate them from the general school population to which they belong... Our future target is to develop the system of special classes in the ordinary schools for those children who have special education needs and mainly learning disabilities, in order to facilitate their school and social integration."

The case of the United States is the most revealing where expanding the concept of special education without changing the set of definitions appears to be having unfortunate effects leading to a considerable increase in the number of children being labelled. An issue that has led to a cautious approach to change being adopted in other countries. Thus, the definition, quoted in Annex A, of specific learning disability, which designates very explicitly a particular group of "handicapped" children and moreover

ascribes this disability to a biological disorder, covers 1 735 000 pupils, or 41.3 per cent of those receiving special education, i.e. 4 per cent of the total school population. This is a real problem which, both in the United States and other countries, sparked some controversy (the growing cost of special education; the increasing numbers who are being marginalised by special treatment or by some form of recording and labelling procedure).

However, this may not be simply a problem of terminology because it also depends on how far pupils are branded by the way in which their needs are addressed. Nonetheless, the problem of terminology remains, although another British approach, contained in the Warnock Report's proposal for a "new language" apparently offers some type of a solution.

b) The new language of special education

The UNESCO *Review of the Present Situation of Special Education* (Hegarty, 1988) stressed the inherent importance of the language used and its influence on the planning and delivery of educational provision: "It is a source of some concern that discourse on special educational provision is in most countries still couched in the language of handicap. There is a widespread acknowledgement of the inappropriateness of this language: it is negative and pejorative, focusing on disabilities rather than abilities; it accentuates the differences between the children and young people who have difficulties and their peers; it implies a mistaken model of the causes of children's difficulties in learning, seeing them as rooted in the individual and disregarding the environmental factors which in reality are major contributors to learning difficulty; and perhaps most damning, it confuses pedagogic planning to the extent that the traditional categories of handicap have limited relevance to the planning and delivery of educational provision. The reason the old language dies hard is that it is embedded in a particular way of regarding children and young people whose learning does not follow normal patterns. Rejecting the language of handicap, then, is much more than linguistic pedantry. What is at stake is a proper regard for the individual, without which special educational provision will continue to be misconceived, integration will be little more than token gestures and those who are different will remain marginalized" (p. 14).

Wood (1980) suggests that three fine distinctions of language should be made within the general concept of handicap:

i) impairment: the reduced function in an organ, either in a quantitative or qualitative sense;

ii) disability: the incapacity or reduced capacity to function as an individual compared with normal individuals in a population, either in a quantitative or qualitative sense; and

iii) handicap (the new concept): the sum of the deprivations and frustrations resulting from an impairment or disability, making it partly or totally impossible for an individual to fulfil a role which otherwise would have been possible.

As this new concept of handicap refers to the disadvantages resulting from an impairment or disability, it is now more common to refer to such an individual as disabled, rather than handicapped. Essentially, the entire vocabulary related to handicap in the broad sense of the word has become invalid. In its place there is now a new approach, which brings a new vocabulary first used in the Warnock Report: "...the idea is deeply engrained in educational thinking that there are two types of children, the handicapped and the non-handicapped. Traditionally, the former have generally been thought to require special education, and the latter ordinary education. But the complexities of individual needs are far greater than this dichotomy implies. Moreover, to describe someone as handicapped conveys nothing of the type of

educational help, and hence of provision that is required. We wish to see a more positive approach, and we have adopted the concept of '*special educational need*', seen not in terms of a particular disability which a child may be judged to have, but in relation to everything about him, his abilities as well as his disabilities -- indeed all the factors which have a bearing on his educational progress" (Warnock Report, 1978, p. 37).

However, the Warnock Report acknowledges that, for conveniency, a descriptive term may be necessary for certain groups of children requiring special educational provision. The 1981 Education Act, drawing on this Report, therefore specifies that: "For the purposes of this Act, a child has 'special educational needs' if he has a learning difficulty which calls for special education provision to be made for him... A child has 'a learning difficulty' if:

a) he has a significantly greater difficulty in learning than the majority of children of his age; or

b) he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided in schools, within the area of the local authority concerned, for children of his age; or

c) he is under the age of five years and is, or would be if special educational provision were not made for him, likely to fall within paragraph (a) or (b) when over that age.

'Special education provision' means:

a) in relation to a child who has attained the age of two years, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of his age in schools maintained by the local education authority concerned; and

b) in relation to any child under that age, educational provision of any kind" (United Kingdom, 1981).

Not surprisingly the new language is in use virtually everywhere in England and Wales and in Scotland, as Acts of Parliament were passed in 1981, which introduced many of the practices recommended by the Warnock Report. In other English-speaking countries, where academics have adopted the new language but administrators have changed their vocabulary very little. This new language has also come into use in the Scandinavian countries, though not without some problems, for the "impairment" model is enshrined in legislation concerning the allocation between central government, the counties and municipalities of responsibility for the provision of education.

The problems experienced in non-English-speaking countries in finding equivalent terms to express the new vocabulary introduced by the Warnock Report are to some extent due to confusion on the part of special educators themselves. Idiosyncratic use is sometimes made of the terms. Even the multilingual glossaries of special education terminology published by UNESCO (1977, 1983) offer little help. However, when new legislation is introduced in those countries who are changing their approach to special education provision, it is couched in the language of the new approach to special education provision: Spain introduced the concept of "special educational need" in a Royal Decree on the organisation of special education (April 1985), and in Yugoslavia (Croatia), Article 27 of its Law on elementary education states that "the special educational needs of handicapped children shall be defined as a function of pedagogic criteria".

It is not unusual to find that a change in the vocabulary and language used has a fundamental effect in instigating change: "When such terms enter our language, they are not representing just words, but should more rightly be conceived as complexions. The main difference is that the new complexions seek for new practice" (Vislie, 1982). The use of the new language is not without its detractors, however, whose objections may be either:

i) practical in nature (the "purge of the vocabulary" affects the efficient analysis of some situations and processes; some countries, for example, find difficulty in determining whether the integration of children traditionally described as mentally retarded is increasing or decreasing in quantitative terms, as it becomes more difficult to distinguish them from children who used to be described as underachievers); or

ii) on principle, as in Italy, where professionals are almost unanimous in their rejection of the new language. They object to the attitude towards the disabled on which the new language is based and which it encourages. Their objective is not, as is suggested by the new language, to normalize the disabled in the sense of negating or blurring any apparent difference. They do not wish to adopt an attitude or nomenclature which aims to assimilate or merely tolerate the disabled. On the contrary, their objective is to identify what strengths are inherent in a disabled person's very difference, and to view individuals in the light of the circumstances of their day-to-day experience. In this way, they hope to arrive at a common ground of understanding which will make it possible for an individual who "carries a disability" to exploit fully his or her potential.

c) A new point of view

At the risk of exaggerating the contrasts, we need to analyse the attitudes and proposals underlying the approach to youngsters with special needs. A survey of the responses of several cultures is necessarily faced with a situation in which widely shared humanitarian principles converge towards a general argument in favour of integration but result in conflicting applications of the principle. Gliedman and Roth (1980), endeavouring to understand these differences, went as far as to assert that, "Despite all the talk of revolutionary changes, there are fundamental differences among reformers about the nature of this revolution, and these differences are almost never discussed". The first thing is to identify some aspects of present policies and practices in comparison with what we might call "models". These models are not systems scientifically explaining the origins of the deficiency or the situations responsible for a handicap. They are instruments intended to illustrate and analyse the complex background that determines our perception of people in a handicap situation, and policies and attitudes towards them. Even when not consciously copied, each of these models is to some extent present in every culture and in every policy, and affects the way in which handicapped people are helped. Even when one of them is the most commonly quoted by those involved in special education, this does not entirely exclude the others. Thus, in the perception of what ought to done to cater for special needs, there are in fact determinants existing alongside one another at various levels and which stem just as much from the traditional points of view as from the new ones.

The *medical model* (Bury, 1979; Wood, 1980; Barton, 1989) emphasizes biological, organic or functional deficiencies as requiring remedial treatment. Recovery from a disabling condition is seen as paramount and therefore gives rise in some countries to special education provision involving orthopaedic specialists, remedial teaching, specialist therapies, corrective teaching methods and so on. This is usually within the context of segregated provision, at least as a temporary measure. In Austria, Belgium and Germany, for instance, school integration is viewed in terms of a disabled child's reintegration into the

ordinary school system after assessment in a special school. No changes in the ordinary school are required in this context, rather the child must adapt to the ordinary school. This model may result to some extent in what Parsons in 1951 referred to as assigning the "role of a sick person" to the disabled child, and thus effectively hindering normal peer group interaction.

In the *social pathology model* (Gliedman and Roth, 1980), the cause of a disabled person's difficulty in reintegrating is not primarily biological but social: it has to do with how the disabled person was raised, what prejudice or discrimination they may have experienced as a consequence of their disability. The effect in terms of delayed integration into mainstream education may be the same as in the traditional medical model, as there is a perceived need to provide special therapies to help the disabled person adapt to the ordinary school environment, rather than a need to change the ordinary school itself. The disabled pupil is seen as needing to be normalized and, by inference, as being in a sense socially maladjusted. One example of the consequences of such an approach is in Sweden where organisations for the deaf have pressed for the right to minority status, like any other minority sharing a culture and language of their own, and consequently have been granted segregated education for deaf children.

Two other models can be identified where disability is seen less in terms of the individual's deficiencies and more in terms of how the learning context meets the needs of individual pupils' differences. In the first, the *environmental model*, the problem is seen as one of how to change the school to suit a disabled pupil, not how to change the pupil to suit an ordinary school. The outcome, in practical terms, is early integration of a disabled pupil in an ordinary school, and an adaptive change in the school system to accommodate all pupils. "Integration is seen in terms of school reform, whose goal is the creation of a common school offering differentiated provision for all according to need within a single coherent curriculum framework" (Hegarty, 1988). What this may require are better resources in terms of materials, staffing levels, staff training, and closer links between special and ordinary schools (Hegarty, 1987; Stainback and Stainback, 1984). Benefits to the disabled individual may be primarily non-academic social integration. Flexible part-time integration is considered to be a good compromise solution.

The *"anthropological model"* is favoured by certain colleagues and in certain national or regional policies (Italy and Spain's Basque country). Although it shares several assumptions with the environmental model, this approach differs from the traditional ones based on the idea that a handicap is a social construct. The focus of attention is not a better environment and better equipment. It is a search for better interpersonal interaction. The best interaction is the one with the closest links with the past and present experience of the person, which is built on responses to specific difficulties: "A handicapped child is not respected if he is simply left to live with his handicap as best he can, but neither is he respected if the fact that he is handicapped is denied. If, on the other hand, his identity and his originality -- which includes his handicap -- are encouraged to assert themselves and to increase, he is being respected. This is active, realistic consideration, in regard to both his situation and his relationships. Its antithesis is the realism of inertia" (Canevaro, 1984).

This approach is associated with a strategy in which genuine learning is seen as depending more on personal discovery, experiment and discussion than on ordinary or traditional teaching methods. The structural effect of this is that it leads to policies focusing on interaction. Like those deriving from the "environmental model", these policies stress the need for reform resulting in a school which accepts all children and offers differentiated provision according to their individual needs. Positive integration depends on the status and role the disabled child is accorded by the teacher and by his peer group. The support teacher is responsible for the quality of this role and interaction and must try to understand the child's individual frame of reference. He must carefully analyse what is different about the child in order to understand and exploit these individual characteristics as strengths that the child can use to cope with his difficulties. The effect as far as the individual is concerned takes the form of changes in the status and role of the child with special needs. The status he is accorded is not only that of a normal person but of a

person whose ways of being specific (dissonant), if properly understood, can enrich the peer group's experience and make a positive contribution to the group's learning.

This would appear to be based on a number of major premises:

i) The new approach adopted in Italy consists in trying to understand the disabled person from within his or her own frame of reference.

ii) It makes it possible to penetrate this frame of reference (which is not that of a member of a stereotyped group or category but that of an individual conditioned by his or her own personal experience) by relating it to what general scientific knowledge would lead one to expect.

iii) It suggests that each individual has a capacity to adapt, to learn and be creative which can be detected only by paying close attention to the unexpected, to the "cognitive dissonance" on which true learning depends.

iv) It requires a greater tolerance to difference, to what seems strange in an individual, and an attempt to understand the forces at work that make someone seem strange to us.

v) It assigns prime importance to building an identity based not on external factors which impose a set pattern of correct behaviour but on social necessity (dialogue, confrontation, co-operation), which underpins motivations and especially those relating to the process of learning and the desire to understand and be understood, and for social interaction.

vi) It is a road signposted by the rights of the child, including the right to achieve autonomy and adult status.

d) The anticipated aims and outcomes of integration

A desire to change attitudes to disability is mentioned in the survey questionnaire responses from Finland, Ireland, Italy, Spain and Sweden, and is implicit in that from Denmark: "To keep handicapped young people in the local community". The response from Spain speaks of a desire to effect "change in the methods and techniques used to help children with special educational needs". And that from Italy points out that well-conducted integration brings about a change in the attitude of the other pupils, a change that will result in better integration in the community after leaving school. Other countries place the emphasis on the learning process: Austria cites "acquisition of effective models for learning and social life", the United Kingdom speaks of "better education of children with particular difficulties", Norway of "better opportunities for development, better educational and social stimulation", and the United States of "better educational results, including socialization, diverse skills, self-image and autonomy" as being their aims for integration.

Various criteria for measuring successful integration are given in the replies to the questionnaire. The one most frequently mentioned is the quality of the integrated child's participation in class activities and of his relationships with his peers (Ireland, Italy, Portugal, Spain, Sweden). Autonomy is cited as a criterion in Finland, and the extent to which "the child is happy in his community" is mentioned by Portugal. Improved educational performance is mentioned in the responses from Italy, Norway, Spain and the United Kingdom. Echoing the evaluation carried out by Cancrini in Italy in the late 1970s, Austria's principal criterion for the success of integration is given as "the satisfaction of all participants". The

criterion quoted by the United States adopts a different standpoint from that of other Member countries: namely, the quantitative one of the increase in the proportion of handicapped young people in mainstream education.

The way in which legislative and regulatory texts are structured and the administrative processes they impose show that not all countries share the same views as regards integration policy. While responses to the questionnaire also indicate this to be true, it would be wrong to try to draw comparisons between countries based on these data which were necessarily brief. Any mention of integration itself, whether of migrant minorities or of the disabled, reveals the underlying idea of a real or imagined difference. The difference on which the integrative practices are based may be physical, intellectual, cultural, linguistic or other, and this leads to diverse and even diametrically opposed integrative practices, depending on the importance assigned to a particular difference.

e) Assimilation, accommodation and adaptation

Three different approaches can be identified that reflect the objectives of integration. Assimilation amounts to refusing to accept that any real difference exists, trying to overlook it or to reduce it by normalizing the individual. It is based on two convictions: i) that the difference is purely negative, and ii) that nothing is more urgent than reducing it. Assimilation is most common in countries where few attempts are made to integrate. It tends also to be confined to those with mild deficiencies.

Accommodation is the stage of integration where the objective is not the suppression of difference, but where the emphasis is on ensuring that the child develops a positive self-image as part of a particular group. Deaf adults in Sweden, for example, have demanded and obtained a minority status that has resulted in separate education for deaf children. This is an example of what is ambiguously called "the right to be different". Whether this is a form of integration or, as certain countries claim, the opposite of integration, no doubt depends on the extent to which successful relations are established between the minority group and the dominant group.

Reciprocal adaptation is where the objective is one of reconciling two opposing perceptions: that the group should accommodate itself to an individual and that the individual should be assimilated into the group. It can be an illusory form of integration unless definite steps are taken to identify and make tangible the positive contributions of the group to the individual and vice versa. For this to succeed, a wholehearted and creative effort is required: integration is thus reciprocal change and adaptation, an open process associated with the recognition and acceptance of an identity and knowledge that is "incorporated" in it (Canevaro, 1984).

In discussing the objectives of integration, it has become common practice to distinguish between physical or locational integration (physical presence in the same place), functional integration (participation in the same activity), social integration (a feeling of belonging to the same group), and societal integration (effective participation in adult society). Where integration is seen in terms of assimilation, its beneficiaries are primarily those who are mildly disabled, and integration tends to be delayed. Where integration is seen in terms of accommodation, it tends also to be delayed, and may consist in part-time integration and a limited sharing of resources such as premises. Where integration is seen in terms of adaptation, it tends to be what is known in Italy as "total integration"; that is, it is early, comprehensive, permanent, and fully interactive. The Swedish language has two different words for the process of desegregation and the result of this, i.e. the situation of being integrated.

The process of integration has been described in terms of a progressive reducing of distances: "Physical integration": the physical (or geographical) distance between the handicapped and

non-handicapped is reduced. The most common form of integration of the mentally retarded in Sweden is segregated classrooms in ordinary school buildings. 'Functional integration': the functional distance is reduced. This means that handicapped and non-handicapped students are using the same educational equipment and resources. In turn, functional integration can be divided in two branches, where co-utilization (which can be simultaneous or non-simultaneous) means the students only share material, and where co-operation means planned joint activities. 'Social integration': the social distance is reduced. This means that the handicapped person forms a part of a community with non-handicapped persons and comes into regular and spontaneous contact with them. 'Societal integration': the adult handicapped person has the same access to resources and opportunity to influence his own situation as others; he does productive work and forms part of a social community with others" (Söder, 1980).

These forms of integration are nevertheless interdependent and related: "Integration is only meaningful if it is social integration, i.e. if it involves participation in and acceptance by society, and not merely physical presence. However, social integration can only be attained if certain preconditions are met, among those being physical integration, although physical integration by itself will not guarantee social integration" (Wolfensberger, 1972). In Italy, "school integration" is often synonymous with "total integration".

The word "integration" is also used loosely in identifying preconditions. For instance, "Administrative integration", where a disabled child becomes the responsibility of the same body which is responsible for the rest of the school population, and where there is no differentiation regarding regulations, rights and obligations; "architectural integration" (which Sweden introduced in the 1970s) where young people with special needs use premises located in an ordinary school and share the equipment of that school.

The word "integration" is also used to describe shared fundamental assumptions where, for example, one speaks of the "integration of educational objectives" to describe how the objectives assigned to special education can be included as part of the general objectives of education. While Sweden and some other countries make a constant and concerted effort to ensure this is the case, and that it is applied even to many pupils educated in separate establishments, there are few other examples of an attempt to integrate objectives in this way, and this is probably due to the survival of old ideas about special education which are incompatible with real integration. One can also speak of the "integration of expertise", by which is meant the attempt to bridge the gap which divides specialists from generalists and parents.

There is also a tendency to view special education as a collection of techniques artificially tacked on to good teaching practice. However, in reality the task is to place oneself in the child's own frame of reference and decide how to provide for the individual's particular educational needs while accepting that the aims of education are the same for all children.

Placement decisions

a) Initial evaluation and integration

In most countries, the process of school placement is initiated by some form of notification to the education authority concerned. This is true regardless of whether the eventual placement is in an integrated or segregated setting. The initial notification can be a result of either a prediction (the suspected existence of a disability) or observations made by the school or family as to difficulties encountered by a child enrolled in an ordinary school in the normal way. Neither of these forms of notification is meant to be a decision based on objective criteria, although this may at first appear to be so.

However notification is initiated, it is in most countries largely influenced by preconceptions as to what is involved in the integrative process. Notification may be based on an informed prediction as to supposed future disability. Influenced by the medical model, this approach is aimed at preventing school failure, and was common in the 1970s. Screening operations using a battery of predictive tests are meant to detect those children who, at the point of school entry, appear not to possess necessary prerequisites, such as those considered necessary for learning to read, for example. The consequence of such tests and screening is early notification of special need, and the children are placed in classes described variously as "observation", "transition" or "maturity" classes, depending on the country concerned.

When notification is based on observations made of the child at school, the tendency is to focus attention on the child's difficulties as if they were inherent, rather than to seek to explain these difficulties in the context of the teaching environment. The UK Education Act of 1981 which followed the Warnock Report requires that notification be subject to a sequence of steps which, although this in practice may in itself present difficulties, nevertheless first emphasizes the important principle of "the need to look for solutions within the child's school, and only secondly brings in outside expertise and alternatives" (Fish, 1985).

In Ireland, Italy, Japan, Spain, Switzerland, the United States and Yugoslavia, the true nature of the notification differs considerably, depending on the final purpose for which it is intended, although in all of these countries, the initial evaluation is essentially a medical or medico-psychological one identifying the particular disability. In Italy, where it is assumed that all children will be integrated, the object of a notification is to define the medical and paramedical care to be provided by the local health unit and to give the teachers the information that they need. In Switzerland and some other countries, the purpose of notification and the initial evaluation is to categorise the child and to define the medical and medico-psychological aspects which will determine the child's right to special education and determine the type of placement which is appropriate.

In most cases, the initial evaluation is carried out by a multidisciplinary team (doctor, psychologist, social worker, teacher) and, as the team is normally responsible for the placement proposals and decisions, this raises some problems in regard to the progress of integration. The assumption is that the team is making an independent evaluation based on the expertise of its members, but in fact many countries will admit that the team is constrained by its terms of reference and by precedents, and thus its members may find their situation somewhat ambiguous.

Various factors affect the recommendations of the panel. There may be regulations in force which define the appropriate placement for each category of disability, as in Sweden, for example, where the deaf and the severely mentally retarded are placed in special schools as a matter of principle. The more severe the disability, the more likely it is that the type of placement recommended will be other than in an ordinary school. Where such an approach to placement is not based on written regulations, it is based on the presumptions and preconceptions of those who make the placement decisions, in the belief that they are simply being realistic. Where special schools continue to exist, there is less likelihood of such an approach being challenged.

Sundry other factors also influence evaluation panel recommendations give rise to a great divergence between the decisions made and opinions handed down in the various Member countries:

a) The extent to which the ordinary school is considered a viable option depends in many countries on the willingness of a teacher to accept the child in class, and often the willingness of one particular teacher will not be considered sufficient since the child will eventually have to change classes.

b) The financial and human resources needed to provide the necessary support are not always available and this affects placement decisions. Substantial financial and technical resources are often more readily provided for traditional segregative provision in contrast to modest resources required for integrated provision. In the case of cutbacks or a scarcity of resources, funds allocated to special schools generally take priority over those for integrated provision.

c) The social status of the family is a factor in making placement decisions. In many countries, and especially for certain categories of children (those with mild learning difficulties or mildly emotionally disturbed), social reasons (providing the child with an environment and living conditions that are considered to be better than those at home) are much more important than purely pedagogical reasons.

d) Where there is no clear policy regarding what changed role special schools might take on, there is the desire simply to ensure that they survive and that their resources are fully utilised.

An example of such divergence of opinions and placement decisions is seen in the United States, where application of the law prescribing placements in "the least restrictive environment possible" leads to a situation where the proportion of the school population being educated in segregated provision varies enormously from one state to another, and even within a single state. A study by Danielson and Bellamy (1985) showed that the proportion of disabled students of a given age who are placed in segregated provision in the District of Columbia is 25 times that in Oregon, with the proportion in the other states ranging between these two extremes. The national average for the proportion of disabled students placed in segregated provision is five times higher than the average for the six states which segregate students the least. The average for those states which segregate students most is ten times that for the six states which segregate students least. Thomson, Ward and Gow (1988) describe similar disparities between the practices of the twelve local education authorities (LEAs) in Scotland, and likewise such disparities are seen in Canada (Card, 1987) and in the statistics of most Member countries. The existence of such disparities confirms what is clearly stated by Danielson and Bellamy: "The extent of the variability does suggest that factors in addition to the characteristics of students are determinants of individual placements and that the decision-making power vested in the Individualised Education Programs (IEP) process has not been sufficient to overcome these factors".

b) Parents' right to choose

These evaluation panels, by their advice or decisions, hold the key to what choice is made regarding placement in an integrated or in a segregated setting. The power of these panels is theoretically counter-balanced by the family's increasing right to choose which kind of provision they prefer. In the context of the policies intended to decentralise and deregulate education that emerged during the 1980s, it might at first appear that the choice between segregated and integrated placement came to depend less and less on centrally determined policies, and more and more on parental choice. The authorities appear increasingly to assert that their role is confined to taking note of the parents' choice and implementing that choice by providing the necessary resources. Close observation of what happens in practice, however, reveals that the situation is far more complex than this.

The right of parents to choose is stressed in virtually all relevant legislation. In most Member countries, they are involved in the decision to provide special education for their child. In some Member countries, they have the right to oppose a segregated placement, although this right is generally subject to specific conditions. In the Scandinavian countries, it seems that the parents have an absolute right of veto

whereby they can refuse segregation even in cases where their child belongs to a category for which the national policy is one of segregated placement (deaf, mentally retarded). In the United States, the parents have the right to ask a judge to arbitrate where they consider that the child's right to be educated in the least restrictive environment possible has not been respected. In most other countries, the parents have the right of appeal to the various administrative or specialist authorities.

Italy is probably the country where the responsibility of parents to exercise their right to choose has had its clearest expression. Their primary right is to refuse integration if they so desire. A segregated placement is never proposed, and so, since they are never placed in the position where they have to refuse segregation, the survival of segregated schools depends on the exercise of this freedom of choice. Italy introduced its policy of integration at the request of parents and with their active support. In some parts of Italy it was the parents who decided, in agreement with the teachers in ordinary schools, that their children should be transferred immediately to ordinary schools. The result has been parent participation in all decisions to do with drawing up individual programmes, choice of methods, evaluation of results and so on. In many countries, such participation would no doubt be deemed intrusive and dangerous. It would be objected to on the grounds that choices regarding teaching methods were the prerogative of practitioners. But in Italy, this new approach provides for the involvement of experts, and it is striking how, by taking this concerted action, pitfalls encountered in other countries have been avoided.

Marylin, for example, is in the first year of lower secondary school and has a severe hearing impairment. Her parents are deaf and, on the advice given to the family, she lives mainly with a hearing grandmother. She speaks fairly well. In the course of a meeting, the parents expressed the wish that their daughter should not be obliged, like them, always to have to use a helper to communicate, but should be able to have direct contact with the teacher and other pupils. In other words, they did not wish her to be accompanied for virtually all of the time by a support teacher or helper, whose enthusiasm, they feared, might act as a barrier between Marylin and her teacher and other pupils. The ordinary-class teacher was a party to this decision, which she deemed to be an entirely reasonable one and worth trying. Her opinion after three months was that things were going well and the experiment seemed to be working. It was necessary, of course, to pay very close attention to what was happening with Marylin the whole time, but this would have been so in any event, helper or no helper. This is not an isolated case. The same request had been made by a number of families whose children attend other schools. This does not mean that helpers are not necessary, but simply that it is a mistake to equate effective provision with the amount of special human resources employed.

Another example shows how active and realistic parent associations can positively influence the integration process. ANPEDA is an association in France of parents of children with hearing impairments which is committed to integration, and deserves credit for much of the progress achieved as regards the individual integration of such children. Similar associations covering most types of disability exist in the majority of Member countries. Most typical is the emergence of associations of parents of children with Down's syndrome. Their goal is the integration of children with Down's syndrome into ordinary schools. The fact that they are gradually succeeding in this is particularly remarkable in view of the all too apparent opposition in virtually all Member countries to the integration of severely mentally retarded children. One of their successes in the late 1980s was the launch of a pilot project for the integration, with the help of peripatetic support, of eight children with Down's syndrome in ordinary schools in Dublin.

A disability such as Down's syndrome is found in all social strata. Parents have been able to exert an influence which may not be available to parents of children with a mild mental handicap or who are emotionally disturbed. In spite of the fact that in many Member countries it is these latter groups of children who are considered to present more of a problem, there is no question of removing them from the ordinary school system. In other Member countries, notification leading to an evaluation which results in placement in a special school or class is nothing less than a request for the child's exclusion from the

ordinary school, and is often preceded by a bitter fight between the ordinary school and the child in question. This then degenerates into a conflict between the school and the family, especially if there are already difficulties at the family level. For this reason, there are few parent associations dealing with such cases, and the disability or the child's special needs is only one factor in a confrontational situation which can soon degenerate into confusion and heated arguments on all sides. This frequently happens in the most common cases where the obvious explanation is to be found in the socio-cultural status of the family or various deficiencies that may exist at that level.

Another limiting factor as regards parents exercising their right to choose is when there is no credible alternative. If they oppose the recommended placement, but are obliged to accept it for lack of an alternative, this can undermine the enthusiasm of the professionals whose help they appear to be rejecting. In countries where the policy is to place deaf children in special schools, some of whom may be subsequently integrated as the result of parental pressure, the children do get the support they need, but the impression one gets is that no great effort is made by the professionals to respond to the needs of the situation in a creative way in view of what is seen unsympathetically as parental obstinacy. On the other hand, cases exist where a child in a unit for the severely disabled who seems capable of being in a more integrated setting is kept in a segregated environment because parents and teachers accept that this should be so. Such a situation raises the question of how parental opinion is formed. It would appear that most authorities have given up awareness campaigns in favour of integration. It is by no means obvious that they have done this out of respect for the family's freedom of choice, nor is it obvious that this apparent neutrality on their part promotes informed choice and equality of opportunity.

In Italy, the Scandinavian countries, the United Kingdom, the United States and some other countries, there has been a shift towards paying greater attention to the wishes of the disabled child in question. This is a departure from the traditional view of the child and, to an even greater degree, a departure from the traditional models which apply in special education.

c) Equality of access and integration

Establishing and implementing the principle that the disabled are as entitled to an education as are their able-bodied peers, is the first step towards integration. Accepting this principle imposes a twofold obligation on the authorities either to provide the necessary facilities or to ensure that these facilities exist. Most Member countries' legislation stipulates that disabled school-age children have a right to education. In theory, therefore, Member countries acknowledge this statutory obligation, but even at this basic level there is wide variation in the way this principle is applied in practice.

Several countries seem to have created the conditions for greater equality of access. Italy guarantees a disabled pupil's integration in an ordinary class, which means that this depends on the places available for non-disabled and disabled children alike within the education system as a whole, and that a sufficient number exist in most regions. United States federal law obliges states to provide handicapped youngsters with a free and appropriate public education and expressly allows parents to take the state to court should it fail to do so. This has resulted in wider access. Japan gave the prefectures time to make the necessary arrangements by not implementing the Compulsory Education Order of November 1973 until April 1979. Sufficient places are available in the Scandinavian countries thanks to the enormous effort made to set up a wide range of facilities, which has enabled management to be so precise that in 1988, for instance, only eight children were unable, for reasons that were known but insurmountable, to participate in any form of education. Countries such as Belgium, France, the United Kingdom, western Germany and Switzerland also appear to have enough places in special and ordinary schools to honour a child's right to education.

In other countries, the gap between the principle of equality of access and its universal application is relatively wide. There would seem to be several reasons for this, the main one being probably a lack of resources. This applies to a number of countries which, often for economic reasons, have made little provision for special education and which view its future expansion above all in terms of expensive placements (in institutions) for the children not yet catered for (frequently those with the most serious disabilities). On the other hand, some, like Spain, have carefully programmed the expansion of their provision, which is increasing spectacularly every year while also improving rapidly in quality. Others, such as Portugal, do not seem to have been as ambitious, although in some instances they compensate partly for the lack of provision by paying allowances to parents who can then in theory hire private tutors to educate their children at home. In fact, it is relatively rare for this money to be used for this purpose and its use is rarely monitored.

Correspondence courses are, or at least are officially considered as, another means of applying the principle of universal access. In New Zealand, for example, of 15 200 children receiving special education, 1 200 (half of them mentally retarded) receive all or part of their education by correspondence. "The correspondence school provides a distance education programme for all enrolled students with special teaching needs. Some of these are full-time students, but the majority are dual enrolments. The full-time students are those with severe handicaps who are considered unable to benefit from enrolment in their local schools, those who do not live in the vicinity of a special education facility and those whose parents do not wish to place them in a residential institution. Pre-school, primary and secondary are all provided for in this way. Dual enrolments are children who were formerly accepted only in special schools and classes, or who are failing in ordinary schools. As dual enrolments, they are enrolled at a local school and receive a supplementary assistance from the correspondence school" (unpublished Note addressed to UNESCO by the New Zealand Ministry of Education's Statistical Service).

Lack of resources may sometimes be an excuse for a lack of conviction, or at best a consequence of unspoken convictions opposed to the principle of universal access to integrated education and which, as they tend to be a survival of the medico-pathological model, rate educational needs as secondary to a child's general care needs. Such an attitude favours the system of issuing disabled children with exemptions from compulsory education, usually on medical grounds. Although it is generally perceived as being outdated, this is still the practice in some countries (Austria, Japan, New Zealand, Portugal).

Another limitation is attributable to the distinction that was formerly made between those who are "educable, semi-educable and non-educable". This distinction is more prevalent than one might expect, and exists even in the Scandinavian countries, where the term "trainable" is always used to designate those who are engaged in an activity which is distinguished from education (whether or not it comes under the Ministry of Education). This linguistic survival from the past appears to have relatively little actual negative effect in the Scandinavian countries, though elsewhere, whatever the terminology used, doubts continue to be expressed as to the value of purely educational provision in the case of certain groups of disabled children. In France, for instance, the principle that compulsory education be extended to disabled children was established by the 1882 Compulsory Education Act. As this Act was unevenly applied, it was finally recast in the 1975 Act, which states clearly that whatever the nature and degree of handicap, whatever the legal status of the establishment concerned, the Ministry of Education is responsible for training, providing and paying the necessary teachers (Annex C, France, 1975).

Differences in the application of integration

a) Forms and methods of integration

Most professionals seem to prefer a dynamic view of integration as a gradually evolving process rather than a static view as characterised by such terms as full integration (disabled pupil in an ordinary class), semi-integration (special class or unit in an ordinary school), or complete segregation (day and boarding special schools). This dynamic approach can operate within special and ordinary schools alike. In the former it is typified by increased contact with the rest of the community and, in the United States, Canada and France, the PASS and PASSING method developed by Wolfensberger et al. (1973, 1983) is used to assess the extent to which traditional special schools are integrating themselves and their pupils more effectively within the community.

Integration in Italy consists in placing virtually all children in ordinary classes, and results in the presence in mainstream schools of multi-handicapped or severely handicapped children who would be placed in special schools in any other country. These children are physically integrated in the ordinary class and work with the class teachers and/or the support teacher. The support teacher works in the classroom, and rather than take the child individually, teaches the disabled child as part of a small group of classmates with similar learning difficulties (in language or reading, for example). Such a group may be taught interchangeably by the support teacher or the class teacher, and this is meant to avoid isolating or in any way stigmatising the disabled child who is receiving special education provision. Paramedical services are provided by the local health unit, outside the school and generally outside school hours.

In most other Member countries, the initial or subsequent pupil evaluations result in a mixture of specialist and non-specialist provision either within or outside the class. The child will have a timetable unlike that of other pupils in the class, both in terms of kinds of activities and where they take place. Such forms of integration have been classified as follows by Hodgson, Clunies-Ross and Hegarty (1984), from the most "physically" integrative of these to the least:

a) "Mainstream placement with any extra educational support for individual pupils provided by means of an improved pupil/teacher ratio": The extra support generally consists of preparation for class activities, special lessons organised to replace participation in certain activities, sessions organised after lessons or activities in which the child has participated in order to consolidate what has been learned, or a combination of these activities. Responsibility for co-ordinating these activities and for the various organisational and tutorial tasks relating to a particular child is usually assigned to a specific member of the staff who is known as the designated teacher;

b) "Mainstream placement with pupil support for specific curricular areas": care support as necessary; teacher appointed with specific responsibility for pupils with special educational needs;

c) "Mainstream placement and withdrawal for specialist teaching to a resource area or to peripatetic staff": care support as necessary;

d) "Mainstream base, attending special unit part-time for 'on-site' specialist teaching": care support as necessary;

e) "Special unit/special class base and mainstream classes part-time": care support as necessary;

f) "Special unit/special class base throughout": care support as necessary;

g) "Mainstream school as base and special school part-time";

h) "Special school as base and mainstream school part-time".

This range of provision is generally considered to constitute a continuum going from the least to the most integrated form of provision, and a child may move from one to an other form of provision in accordance with the successive assessments of his needs throughout his school career.

In Denmark, the choice between the different kinds of provision is guided by the principles of:

a) proximity (the child should attend school as close to home as possible);

b) minimum intervention (the child should not be offered more support than absolutely necessary;

c) integration (instruction of disabled pupils should take place in an ordinary school if at all possible);

d) effectiveness (the child should derive maximum benefit from school, and fulfil his or her potential); and

e) motivation (teachers and parents should be in agreement as to the appropriateness of the provision).

The Danish report goes on to say, "These principles do not constitute the key to a solution for the individual's choice of school, but no procedure can take place without first considering these five points. It is obvious that the principles may to a greater or lesser extent clash with one another. Extensive integration for instance is not always compatible with maximum efficiency in education and the parents' wishes do not always accord with the school's idea of what is most beneficial for the child. The intake procedure is the process where a thorough subject-oriented evaluation, taking into consideration the wishes of the teachers, the parents and the child, results in the child being removed for a longer or shorter period of time from normal classroom education. The collective set of concrete intake procedures thus gives us a picture of a country's level of integration. It has to be said, however, that this picture is not determined by one sole objective, but by many different personalities and groups involved in the process and they are naturally influenced by their subjective attitudes and motives" (Denmark 1988).

Even in those Member countries where the degree of integration in any one case may to some extent in practice represent a compromise between different sets of principles, opinion is unanimous that meeting the child's individual needs is fundamental in determining the kind of provision allocated.

b) Integration and individualised programmes

Individualised programmes are considered by most Member countries to be the most appropriate answer when it comes to individually integrating a child with specific needs. In the United States these are called "individualised education programmes", in the United Kingdom "individualised programmes of work" or "individual curricula", in the Scandinavian countries "targeted action programmes", in Canada "personalised intervention programmes", in France "individual educative projects", and in Italy "didactic programming". Since these programmes combine a pedagogical with a monitoring function, a quasi-official

document based on the guidelines set out in administrative circulars is usually prepared either by the authority responsible for the child's education or by the teachers themselves. In the United States (Annex C), Public Law 94-142 of 1975 states expressly, in Section 300.343(c), that a programme shall be drawn up within thirty days of the child's special educational needs having been notified. This is to be done by a group comprising a representative of the special education administrative body, the teacher, possibly the child, the parents, any other person invited by the parents or the administrative body, and a representative of the evaluation team who examined the child, together with the evaluation itself.

In France, Italy, the Netherlands, the Scandinavian countries and the United Kingdom, it is the teaching team who draw up the individualised programmes together with the other persons concerned (educational psychologist, parents, and others where these are not already considered to be members of the teaching team). In Sweden, the ministerial commentary on the relevant Law (SO-FS, 1987:242) states that, "The framework and management of an action programme are based on co-operation between the child concerned, the parents, and the teaching team", and are considered to constitute a mutually binding contract to which all concerned are parties.

Individualised programmes are part of a broader framework, i.e. the curriculum, so that formulation of the basic curriculum is the first priority. The guidelines published by the UK Ministry of Education and Science in 1983 provide an interesting typology of provision that distinguishes between three broad categories:

a) ordinary curriculum plus support;

b) ordinary curriculum with modifications;

c) developmental curriculum focused on the development of autonomy and social skills (for example, for those formerly known as the severely mentally retarded).

An individualised programme defines the child's curriculum in detail within the context of the general curriculum once this has been formulated. The precision of US P.L. 94-142 makes it a good framework for analysis in this respect. The content of an "individualised education programme, drawn up for each child, must include:

a) a description of the present level of school performance;

b) fixing annual objectives, including short-term educational objectives;

c) determining of the specific special education and additional services that the child requires and indicating the extent to which he is capable of following normal programmes;

d) the dates planned for the provision of these services and their expected duration;

e) designation of objective criteria, evaluation and referential procedures making it possible to assess, at least annually, whether the educational objectives have been reached" (Annex C, United States, 1975: Section 121a.346).

The generally recognised goal of individualised programming is to replace the somewhat negative procedure of assessing a pupil's disabilities by a more positive approach of identifying his special needs. In theory, this inventory of needs will itself form the basis for what is termed a "needs-based assessment". Most important is the shift of emphasis from a child's disabilities to his abilities and strengths. Needs are

thus translated into the educational provision required to meet them, and this has a number of implications. In the most extreme cases, it is not unusual for practices to resemble what the Italians call "manufacturing programming", with the sets of benchmarks on which the needs and objectives are determined (timetables, academic results, and programmed teaching materials) becoming the focus of attention in themselves. The commercial production of manuals of this kind, often in computerised form, is increasing, particularly in the United States. What this is leading to in some cases is virtually the reintroduction of a common curriculum based on the average characteristics of a particular category of disability, and the only individualisation involved is the individual child's rate of progress in relation to the common curriculum for that category.

The most widespread technique for establishing an individual programme is to provide a multidisciplinary range of professional expertise, as shown to be necessary on the basis of the child's test results, to address the weaknesses identified. This is best illustrated by the categories of provision in the United States:

a) therapeutic activities (speech therapy, psycho-motor therapy, occupational therapy);

b) special education activities (teaching by a specialist teacher);

c) normal education activities (in an ordinary class by a non-specialist teacher).

In Sweden, the programme often takes the form of a table that summarises the observations made, the hypotheses likely to throw light on the situation, and the needs identified initially in psychological terms. An essential part of the programme is the strategies to be implemented, with major emphasis on those aimed at improving both the child's social relationships and cooperation with the parents. The periodic evaluations and any subsequent readjustments are concerned just as much with these psychological factors as with the scholastic progress made. The aim is naturally to improve school performance as well as social skills, which means that the strategy is largely based on a change in the environmental conditions (at school and at home) and on developing the child's strengths.

In Italy, the emphasis is also on developing a strategy. Weekly programming sessions are held, attended by all of the parties involved, to evaluate the child's attainments and compile a detailed written record, outlining educational objectives. The programme for the integrated child is itself incorporated into the programme for the class, allowing him some participatory role regardless of the scale of his disability. The child's disability in itself has a part to play in promoting self-discovery and self-realisation within the group as a whole, in a situation where the difference between him and the others is likely to provoke discomfort and dissonance. For this reason, individualised programming has to include opposing objectives. It has to plan events while at the same time leaving room for the unexpected and unforeseeable. Teachers insist that the pedagogic relationship, if it is to be authentic and productive, must not avoid such contradictions, but has to strive to come to terms with them and benefit from them. "Clearly, the discomfort caused by the perception of dissonance stimulates the search for a new relationship. This can be of real use in education if the reduction of discomfort and dissonance leads to the reorganization of possibilities, rather than to an attempt to neutralize the source of discomfort and dissonance" (Canevaro, 1984).

c) Functional integration

All those aspects of the functioning of a school which, while not being part of its explicit objectives and curriculum, together make up the environment in which that curriculum is delivered, are what is called its "hidden curriculum" and a significant factor in the success or failure of both the child's

academic learning and social integration in the school. What "structures the school structure" (Mehan, 1978) is as much a whole series of markers or boundaries that delineate a social order determined by the class members in the course of interactions with one another (status, role, implicit rules of the group) as what is explicitly determined by the teacher (Mehan, 1980). The success and self-fulfilment of the competent student, the way in which each individual fits into this network and handles his or her status, is important. Students with special needs need to enter into this interplay of roles that would bring them the socialisation promised by integration, but do so less easily than their peers. It seems all the more important to pay some attention to this problem, since evaluations of the effects of integration often ignore what happens to the integrated child with regard to the interactions of everyday life, and the outcome as far as the child is concerned depends far more on these interactions than it does on the mere fact of integration in itself.

A disabled child goes to school to learn. This is indisputable, but to focus attention on learning alone often leads to the disabled integrated student's sense of isolation, like the Down's syndrome child working with a helper at the back of the class, or the child whose part-time integration is limited to activities considered peripheral to the main curriculum, and whose "real" education may take place in a special class or unit. While individualisation meets a real need that must certainly not be underestimated, what differs most of all in practice is the way in which the child's individualised programme is combined with the life of the group. What needs to be found is a way of integrating the individualised programme into the curriculum as a whole.

Buckland and Croll (1987) in the United Kingdom used video recordings to observe and analyse the level of interaction (teacher-pupil and pupil-pupil) in a class with an integrated pupil experiencing learning difficulties, and found that it is possible to improve the child's classroom interactions which in turn positively affects the child's performance. Slavin and Madden (1986) reviewed many US studies which compared the performance of students with mild learning difficulties or slight emotional disturbance, who were integrated in an ordinary class, with those of students educated in a special class and concluded that: "The findings of Calhoun and Elliott (1977) and Lienhardt (1980) -- that regular classes designed to meet the needs of academically handicapped as well as non-handicapped students are superior to special classes when curriculum and teacher variables are controlled -- suggest that there is some factor related to heterogeneous placement that can serve to enhance student achievement..." Trying to isolate this factor, they classify the results of these studies according to a typology of provision, arriving at the following ranking in ascending order of effectiveness: individualised education with no special provision, individualised education with the intervention of specialists, part-time integration, co-operative learning, and a combination of co-operative and individualised learning.

Co-operative learning generally produces good pupil achievement: "The most extensively researched methods of effectively integrating academically handicapped students in regular classes involve having academically handicapped and non-handicapped students work in small co-operative learning groups. Studies of co-operative learning methods have indicated that they tend to increase the social acceptance of academically handicapped students by their classmates (Ballard, Corman, Gottlieb and Kaufman, 1977; Madden and Slavin, 1983; Johnson and Johnson, 1981) and in some cases their achievement as well (Madden and Slavin, 1983)" (Slavin and Madden, 1986). Learning that is at the same time both individualised and co-operative has been the subject of a number of comparative studies: "This programme, entitled Team Assisted Individualization, has been found to increase the social acceptance and achievement of academically handicapped students (Slavin, 1984) as well as the achievement of non-handicapped students (Slavin, 1985)" (Slavin and Madden, 1986).

The integration of children is significantly enhanced whenever their situation evolves from one where they are merely tolerated in their class to one where they have effective functional links with their classmates. The helper system is the most traditional form of co-operation in many countries, where the

disabled child (visual, auditory or motor) is helped by a classmate specifically designated to do so. This method is probably most widely used in the United Kingdom, even though these pupils very often have adult helpers who come into the ordinary class with them. "The assistance given can be of a purely logistical kind, in setting up equipment such as lights, typewriters, special tables or chairs, or in fetching the necessary materials to complete class exercises such as science lessons. The helper may have the responsibility of ensuring that the pupil has appropriate notes from lessons by lending his/her notes or by making a copy for them... the helper was often observed to clarify what the teacher had said by repeating or enlarging on it" (Hodgson et al., 1984).

Co-operative learning is not encountered very often outside the rare integrating schools that have adopted it as the basis of their approach. A successful method is being used in France, in units attached to middle schools. These middle schools are encouraged to devote ten per cent of their school hours to extra-curricular activities, the aims and nature of which are decided jointly by both pupils and teachers. These active educational projects may involve putting on an exhibition, producing a newspaper, or organising an event of some kind. Pupils from the unit (where there are vocational training workshops, tools, materials, technical teachers and a wide range of skills that can be called upon) will often play a major part in the realisation of the project, and this co-operation has been seen to bring about changes in the attitudes of all those concerned and an improvement in school achievement. The extent to which the pupils of the unit participate in the process of choosing and planning the activity is important, as personal development is associated with the child's role in the group's activity, a concept Wolfensberger described as social role valorisation.

d) Social integration

There is a distinction to be made between the long-term objectives of societal integration and the social integration of the child who is placed in an ordinary class or school. After visiting a number of integrated classes, it is questionable whether the widely used distinction between functional and social integration is really of any relevance. It begins to appear as an artificial dichotomy based on a questionable view of the process of learning. Mutual help is described by Canevaro et al., (1986) as based first of all on a certain view of integration: "The desire to integrate implies the idea that part of something is missing." The concept of mutual help is based on the assumption that the integrated child has something positive to contribute to the group and that this positive something is not primarily the opportunity for the rest to exercise their tolerance or to act kindly towards him. What the integrated disabled child contributes is an original and different point of view which is persistently undervalued, but which needs to be understood and respected. This means seeking to understand the child in context and introducing practices that will structure activities in such a way that communication, deliberately placed at the centre of the problem, can fully play its role as a catalyst. It also calls for a considerable individual or collective effort in compiling a social history of the group and its emergent language, and in keeping records of the class and its individual members.

There are interesting examples of situations where, without any radical reforms in the functioning of the school, this new approach to special education provision has achieved some resounding successes. For instance, Giovanna, a pupil in an ordinary class in Rome, is multi-handicapped due to a serious immunity deficiency. She has to be moved in a kind of pushchair. She has to have very frequent blood transfusions and constantly shows signs of fatigue. On the day in question her mother had rung to say that Giovanna was in a particularly weak state and she had decided to keep her at home. About ten o'clock, however, as a result of Giovanna's insistence, the mother decided to take her to school after all. Unfortunately, her class had left to visit a museum. Although she would normally have gone with the others, she had to miss the trip because she arrived at school too late. Normally, as a follow-up to this type of trip, the children have to recount what they have seen. There is always a risk of such an exercise

becoming somewhat artificial, as everyone has seen the same museum, whereas genuine communication requires the presence of a person who has something to learn. Giving Giovanna the opportunity to question her classmates had the effect of making those who had been on the trip keen to describe what they had seen and vie with one another in precision and clarity, while for Giovanna herself, this situation where she had to formulate and clearly phrase her questions was an occasion for an effective language exercise as well as an opportunity to learn something about the museum.

Another example concerns Luigi, also in an ordinary class in Rome, who is autistic. He had been in the class for a long time without ever producing anything that was not undecipherable. When the support teacher, who worked with him and had integrated him in a small group for certain language periods, decided, in agreement with the group, to spend a few of these periods together with the other pupils attempting to find out what Luigi was trying to say in the strange graffiti he produced on very large sheets of paper. With a great deal of good will it was possible to see some meaning in them, and then one day Luigi, in his fashion, manifested his disagreement with the interpretation. Gradually things became more structured: the graffiti became more representational, the classmates' comments more objective, and Luigi's reactions more explicit. The members of the small group were then asked to note Luigi's exact words, which they all did with enthusiasm. Luigi's progress became the concern of everyone, and he gradually came to organise his speech, to learn to read and write, and to build his identity as a person.

The integration of Erika, an eight-year-old blind girl, in a class of her age peers in Espoo, Finland, is more conventional and, on the face of it, less spectacular. But on reflection it is quite astonishing. This is not because Erika, judging by her work in class, is a very good pupil, nor because she has acquired a quite remarkable capacity for independent movement, as there are many other blind children who manage equally well. What is worthy of note is the impression one gets that the teacher and Erika's helper (neither of whom has had any special training) are constantly finding ways of involving her, but in such a discreet and skilful way that this is regarded as right and proper by the rest of the class. She has a number of roles in the group, not the roles of a blind person, and she takes them seriously. She sits with her helper at a big table by the teacher's desk, facing the other children, and nothing of what they do escapes her. For their part, they often look at her to make sure everything is all right. If some minor difficulty occurs, the class appears slightly anxious when the helper, not wanting to overprotect the child, does not intervene. This is followed by an obvious feeling of relief when Erika masters the situation again. Perfection is made up of a thousand little things, so minute they are difficult to explain.

The scale of the debate in Italy over the question of the role to be given to an integrated child in class illustrates the level of concern about integration in that country. Those who insist on the central position that disabled children should occupy (their "centrality") are opposed by those who advocate more discreet modifications to normal practice. It is remarkable that the reservations formulated with regard to centrality are not concerned with the disruption and loss of time for the other pupils, as one might expect, but rather with what is the best provision for the development of the disabled child's learning and identity.

Training teachers and support staff

a) Training ordinary class teachers

As integration became more widespread, the initial need was for teachers in ordinary schools to find out more about disability and its effects, specialist methods and individualisation techniques. In Austria, Ireland, Japan and Yugoslavia, however, there appears to be no information available to teachers of integrated children with special educational needs and, except in Ireland, there would not even seem to be any demand for it on their part. In some other Member countries, the information is made available only to primary school teachers. Indeed, in many countries secondary school teacher training is above all

concerned with their particular subject, and this does not facilitate integration at secondary level (Bowman et al., 1985). The most general practice in countries that do provide information on integration for their teachers is for a university, training centre, or training group specially set up for this purpose, to organise and run short training courses on the basis of either a pre-established programme or the needs expressed by those requesting information. In some cases, therefore, these are part of a regular programme, and information is provided for a predetermined number of teachers, as with the "national courses" provided in France. In others, they are organised on request; this is also the case in France for the "academy courses", which are complementary to the national courses.

There are two interesting variants to this arrangement. In the United Kingdom, the main characteristic of the widely used system known as "in-service school-based training" (Hodgson et al., 1984) is that the training activities are organised by the teaching staff of the school, outside working hours, as and when the demand is expressed during the course of regular staff meetings. The Swedish variant, used in those sectors where integration is very advanced, seems to consist of a kind of individual tutoring organised by resource centres for the benefit of teachers who are about to receive a child with special educational needs in their class. Thus, any teacher who is going to have a blind child in class at the start of the school year in the autumn is taken under the wing of the Tomteboda Resource Centre as early as the spring; an individualised programme of training and information sessions is worked out in accordance with the requirements of the specific situation (from the standpoint of both the pupil and the teacher), with these sessions being held both before and during the school year concerned.

In many countries, only some of the teachers involved are able to take advantage of such training sessions, because of the lack of places and/or the lack of replacements to take their classes. However, those countries that seem most determined to develop integration have established specific programmes for supplying this aid. Sweden provides the necessary information to all teachers in service, in the context of the operation "one school for everyone". The same is true in Italy, where a 42-hour course to prepare teachers for integration is available to all teachers. Spain is giving training of this type to 20 per cent of teachers each year, so that by the end of its initial five-year integration programme all teachers will have taken part. Under the aegis of the Spanish National Resource Centre, a wealth of material has been produced and distributed to teachers, so that they in turn can make the necessary information available to all concerned in the form of brochures, slides and video tapes. The Distance Learning University also makes it its task to disseminate information about integration.

The University of Bologna has initiated an interesting form of in-service training similar to action research. The central problem is that helping teachers to make radical changes in their methods tends to undermine their conception of their role and their identity. Canevaro et al. (1988) highlight what they see as dangers in the more conventional methods of teacher training: on the one hand that of diffusing a "technical competence intended to be neutral, which is foreign to the context of everyday experience and its history", and on the other of "only taking into account the explicit request for training expressed in a certain verbal or written code, which ignores the most urgent needs and the real difficulties". What is most instructive, in their opinion, is to have to identify and discuss requests for training, to individualise provision, to effect the cultural change that results from practical experience of integration, and to develop the ability to think in terms of another frame of reference. Canevaro calls this "intentional training".

Preparation for integration at the initial training stage is considered necessary in the majority of Member countries. Measures in this direction are one indicator of how determined a country is to pursue integration policies. Finland, France, Norway, Spain, Sweden, and the United Kingdom prepare teachers for integration at the initial training stage, albeit Finland and Norway only to a modest degree. It is occasionally reported that young teachers, embarking on their career armed with knowledge concerning disability and special education in addition to the content of the normal training programme, are tempted to put this into practice religiously, starting by identifying and reporting all those in their class who do not

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appear normal. The procedure should not be merely one of grafting something on to normal training, but rather of fairly drastically modifying it so that newly qualified teachers adopt a new approach towards all their pupils and the whole of their work. In Italy, the general concept is based on two premises. The first is that once teaching practice is reformed, it becomes the standard educational provision. The second, a corollary to the first, is that once this new pedagogy takes over in teacher training, there will be no more need for supplementary or complementary provision.

b) Training support staff

There are several different types of support function. There are what are known as "ancillary staff", for whom in certain countries a nursing qualification is required, but for whom more usually the only qualification called for is good interpersonal skills and other personal qualities. Both their role and their need for training are underestimated in some countries, yet the quality of integration depends on the sensitivity and skill with which the helper performs his or her function in individual cases. As good practice is by no means universal, their role should be more valued and training given to equip them to be an effective part of the team. "Technical staff" have received specialist training in the techniques and related procedures of special education such as speech therapy or psycho-motor therapy, for example.

In countries where there has not been a radical change of view as regards special education provision and integration in particular, there has been little change in the training of specialists, which continues to be centred on special techniques rather than incorporating the changes of approach which are synonymous with successful integration. The training of specialist support teachers is generally the same as that of their colleagues who work in a special class or school. The training of speech therapists and other therapists and re-educators is based on a one-to-one situation with a single pupil in a special location, though their training programmes also include some elements which prepare these professionals to work in a support role. France gives specialist teachers who received their training some time ago a short refresher course covering individualised timetables, making and reporting observations, and other skills needed when they change to a support role. Sweden has gone even further. As the integration of the visually impaired in ordinary classes is now the norm, their former special school in Tomteboda has been converted into a resource and training centre providing tailor-made training for all staff involved in the integration of the blind in ordinary schools, including peripatetic specialists.

Those who have observed the work of support teachers in Italy often express surprise that they are generalists with little specific knowledge about the needs particular to any one disability or about the teaching methods usually employed in this case. But it must be remembered that many of the important special skills such as speech therapy, lip reading, mobility training for the blind, and psycho-motor therapy, are provided out of school by the local health unit. Deaf schoolchildren in Bologna, for instance, are intensively monitored and aided by a specialist team (headed by a former teacher of the deaf who has now become a speech therapist), similar to those operating in other countries. Today's support teachers have completed a training which is less concerned with traditional and theoretical knowledge about the history of the education of the deaf, for example, and centred more on the potential contribution of rapidly evolving disciplines to do with communication and language. "The training is not so much intended to provide knowledge as to transmit self-experimentation in a problem situation that is likely to create the unease of discord and calls for a certain rapidity of decision to reorganise the situation itself and reduce the discord" (Canevaro, 1984).

In Bologna, the action-research project led by the University and funded by the municipality is clearly of very great assistance as regards everyday practice and the in-service training of staff involved in integration. The training of support staff cannot simply be the extension, adaptation or extrapolation of the conventional training of special class teachers, but rather it needs to be based on a new approach to

integration which involves new attitudes towards the disabled. It would seem, however, that there are few countries where this need for a fundamental change in training has been clearly recognised and acted upon.

The integration into mainstream education of children with serious difficulties demands a high level of competence on the part of the staff, an exceptional capacity for adaptation and change, and an active involvement that means that they are constantly questioning their approach. This is something which they cannot go on doing indefinitely without endangering their own identity. This problem has been recognised and responded to in different ways; for instance, through resource centres in Sweden, or action-research teams in Italy.

The disabled who are integrated

a) Statistics on type of placement

The data discussed here have been derived from several sources. Some come from responses to an OECD questionnaire, while the remainder have been taken from published sources or from UNESCO case studies. The data in all cases refer to a year which falls within the period 1982 to 1988. The figures presented here do not give a comprehensive picture of provision in Member countries, since they are incomplete and since methods of collecting and presenting data on special education provision differ from country to country. For instance, some children are "exempted" from any form of education whatsoever because of their disability and thus do not appear in the statistics produced by the services responsible for special education or, in other cases, it may be deliberate policy not to publish such figures.

Some general trends emerge: children with a visual or motor impairment are receiving an education that is becoming less and less segregated. Thus in Sweden, all children with a visual impairment are in ordinary schools except for 15 for whom this disability is coupled with some other. The same is true for children with a motor disability, most of whom are also integrated.

Two other groups, the mentally retarded and the hearing impaired, are still in most cases in special schools or institutions; however, their situation varies very considerably from one country to another. In certain countries, such as Italy, they are generally integrated, while in others, such as Germany and Austria, this is very rare, and everywhere their particular difficulties seem to figure prominently in the debate about the feasibility of integration. Tables showing the proportion of children with different disabilities by type of educational provision and by country are given in Annex B.

Three other groups seem to have a lower profile but are no less important: the speech-impaired, those with specific learning difficulties, and the emotionally disturbed:

i) In most countries speech therapy is provided within the context of education in an ordinary class. In Germany and Turkey some speech-impaired pupils are placed in special schools, and in Japan and New Zealand they are assigned to special classes. In the United States they may be in special schools or in special classes.

ii) There are also differences in the provision for children with specific learning difficulties, who are usually given support in ordinary classes, although in Belgium, Germany, Ireland and the United States, they are often placed in special schools or classes.

iii) Emotionally disturbed children are sometimes given support in ordinary classes, but often they are placed in special schools or classes or reformatory schools. In the Netherlands, "The LOM schools (for children with learning and behavioural difficulties)

and the MLK schools (for children with learning difficulties) have been taking increasing numbers of pupils over the past few years. Of all the special schools, these are the two types with the biggest pupil population. In 1987, 326 LOM schools had 4 092 pupils (of whom 2 355 were from cultural minorities) and 332 MLK schools had 32 222 pupils, (of whom 4 030 were from cultural minorities)" (Annex C, Netherlands, 1989).

Special school placement based on the medical model predominates in the case of these three groups. The first two groups, the speech-impaired and those with specific learning difficulties, may be treated by specialists in hospitals on a short-stay basis, and for a time they will have to forego the beneficial effects of being immersed in a normal language environment in an ordinary school. This is also true for emotionally disturbed children and, in addition, placement in special schools may in their case be motivated by behavioural difficulties at home: "Where the parents or the teacher realise that a child is encountering problems at school or at home, they have every reason to ask themselves whether the child might not function better in a school providing special education" (Annex C, Netherlands, 1989).

Positive effects are often attributed to placement in a protected environment such as a special school or institution which is said to counteract the negative effects of an unsatisfactory home environment. But the periods spent in a segregated environment are often very long and rarely lead to a return to the ordinary school. Although provision for the emotionally disturbed varies greatly from country to country, it is possible to classify practices under three headings:

a) the disciplinary approach, characterised by closed institutions or placement in a supervised open environment and by authoritarian pedagogic methods;

b) the behaviourist approach; and

c) the psycho-therapeutic approach, used either as the predominant method of treatment in specialised institutions or, as in France in its medico-psycho-pedagogic centres (CMPP), as support for children who continue attending ordinary schools. Italian practice seems again to differ in that the majority of these children are in ordinary classes.

b) Integration of mentally retarded children

Individual integration in ordinary classes is the rule for all children in Italy, including those with mental retardation, however severe it may be. The effects that this has are of two kinds:

i) Firstly, this disability is not singled out in any way from other disabilities. In other countries the presence of a mentally retarded child in an ordinary class is regarded as unusual, but not in Italy, where every school integrates a certain number each year, and these children are regarded as part of the group. Collective experience and knowledge of the mentally retarded is changing public opinion;

ii) Secondly, there has been a fundamental change in schools. Italy has removed the practical limits placed on integration and found that this policy has had beneficial effects on the whole of the school population.

The concept of moderate mental retardation varies considerably from one country to another. Pupils with mild mental retardation are often involved in full or part-time individual integration, with support. Statistics show considerable differences between national practices here. For example, under the definitions used in United States legislation 3.2 per cent of the integrated school population are mentally

retarded children, whereas this category makes up only 0.06 per cent of the total school population in France. Pupils with moderate mental retardation are generally found in classes or units attached to ordinary schools. This arrangement is very frequent at primary school level, but less so at lower secondary level. After a more or less prolonged period in primary school, these pupils generally move on to vocational training. In countries that integrate little, they are placed in special schools or institutions at both primary and secondary level. In regions where the population is scattered, it is fairly common that economic factors such as the need to maintain reasonable pupil/teacher ratios lead to placement in residential special schools.

Boarding, however, is itself a more expensive form of provision than special classes. Over eight per cent of the mentally retarded in New Zealand receive their special education in the form of correspondence courses because of the scattered population. Pupils with severe learning difficulties are generally educated in separate schools, except in Finland and Sweden, where a good number seem to be in special units which are attached to and well-integrated with the school.

In Member countries other than Italy, individually integrated mentally- retarded children are usually Down's syndrome children. Some Member countries are beginning to discover hitherto unsuspected possibilities for progress on the part of these children in integrated settings. They are perhaps the group for whom, in the most visible fashion, integration is succeeding in terms of better than expected scholastic attainment.

c) Integration of children with hearing impairment

In the new language of special education, both the deaf and the hard of hearing are called the "hearing impaired". It would seem that integration of the hearing impaired in ordinary classes has increased considerably in almost all Member countries, though in Finland and Sweden fairly substantial numbers still attend special units. In Italy, the rule is to integrate the deaf in ordinary classes, while in Sweden they are placed in special schools.

In Sweden, the consensus on integrating the deaf that existed twenty years ago, and had stimulated initiatives in other countries, was superseded by an explicitly segregative policy (Sweden, Law of 1983 and its amendments). "The principle of integration has been discussed most energetically in this area. The basic argument against integration is that the disability of the children directly affects their ability to communicate with others. Integration, in the sense of being able to communicate socially with non-disabled, is then seen as utopian. The child needs to belong to a social context where he can communicate (by sign language) and be accepted on this own terms. The possibility to participate and develop a positive self-image in a 'sign-language' environment has been viewed as a goal overriding that of integration/assimilation. The school objective of preparing the deaf pupil for life is a hearing community, it is argued, can best be achieved that way." (Unpublished Swedish report to OECD, 1986).

This argument is well known, as are the objections to it, and it is an opinion widely shared by deaf associations. The Swedish authorities do not explicitly endorse this view but, in their concern to be democratic, they have accepted the principle of a pluralist society in which the deaf do not have to be assimilated. In the late 1980s, 59 linguistic and cultural minorities were living in Sweden, where immigrants' children are taught Swedish as a second language. The deaf associations' demand was that the same treatment should be given to deaf children who, in their view, also constitute a cultural and linguistic minority. The authorities established a number of principles and recommendations in the context of a special programme for the education of the auditory handicapped, published in 1983, which explicitly states that teaching is to be through sign language and based on the culture of the deaf. The teaching of Swedish, like that of a second language, is compulsory in the written form, though in certain cases the spoken form is also taught: "Children who are capable of learning to speak should develop this capacity

in order to communicate more easily with those who do not know sign language" (Madebrink, 1987). While the foreign teachers recruited to educate immigrant children in their language and culture manage it without any problem, transposing this model to deaf schools is not so easy. Not only has this model, which would presumably call for the vast majority of the teachers also to be deaf, not been put in place -- though this may be simply a temporary situation during the transition phase -- but there seem to be considerable difficulties when it comes to defining and differentiating the culture of the deaf.

In the United Kingdom, by contrast, the implementation of the 1981 Education Act has led to much greater integration of the deaf in mainstream schools. The relative autonomy enjoyed by the local education authorities (LEAs) gives reason to suppose that there must be considerable differences between regions, but in London and Leeds, for instance, there has been rapid change in the direction of integration. In London, there are many deaf children individually integrated in ordinary classes. Even those whose audiogram assessment suggests considerable difficulties have acquired good speech ability. The usual practice for these children is to attend an ordinary class, except for the specialist sessions they need. There are also special units and schools that take in children whose parents prefer them to have this form of education. As in London, the programme in Leeds is administered, under the authority of the LEA, by a solidly structured and well organised peripatetic specialist service based at a school for the deaf which has been converted into a resource centre for the deaf and the children transferred to units in specified schools served by the centre's staff. The deaf pupils are enrolled in an ordinary class that they join for art, handicraft and physical education, and the units are situated near the main body of the school which encourages social interaction.

The principle behind the work of these units is "total communication". An official policy statement (Annex C, United Kingdom, 1987) explains what this means: "Total communication is an umbrella term including a wide range of methods of communication. A priority will continue to be the development of oral methods -- speech, lip-reading, use of residual hearing -- and the development of literacy skills in English, reading and writing. This is the traditional responsibility of the teacher of the deaf... The educational audiologist will ensure that the children have the hearing aids they require and in good working order. Radio hearing aids will be used when required. For some children, there will be a need for support in addition to that available from a teacher of the deaf. This may include access to a signed communication, whether signs with speech or sign language." Highly motivated deaf instructors participate wholeheartedly in the design and implementation of individual strategies, as do deaf associations. One of their tasks is to teach sign language to the teachers and pupils of ordinary classes. During the break, non-handicapped pupils converse in sign language with the deaf pupils sufficiently well to suggest that such communication could continue after they have left school.

Integration in different phases or levels of education

a) Integration and pre-school education

The aims of pre-schooling seem to be universally similar, judging by the responses to the OECD questionnaire, and include -- in order of importance -- preparation for school or "readiness" training, compensating for inequalities in development due to home circumstances, and child minding. One would expect there to be disabled children in ordinary pre-school facilities wherever integration is a goal, since it is probably easier to encourage socialisation at this age than it is at a later stage. National legislation on pre-school education in all Member countries except Austria and Ireland explicitly includes children with special educational needs among the potential beneficiaries. Finland's legislation stipulates that handicapped children who, because of their impairment, are unable to attend the nine-year comprehensive school, should start their compulsory education a year earlier than other children.

In the United States (Annex C, United States, 1975), §121a.300 of the 1975 US Public Law 94-142 requires each participating state to provide free and appropriate education to all young handicapped people below and above the normal school age, i.e. from the age of 3 to 5 and from 18 to 21, if free public education is provided for non-handicapped people in these age groups. In this case, the proportion of places assigned to the handicapped must be equal to the proportion of places available to the non-handicapped; however, where over 50 per cent of the non-handicapped are catered for, all handicapped children who apply must be accepted. Together with §121a.550, which stipulates that handicapped children are to be educated "as far as possible with children who are not handicapped", this text establishes what is certainly the most explicit right to integration at pre-school level, while at the same time imposing the obligation to provide the necessary resources. Similarly, in England and Wales, the Ministry of Education and Science Circular 1/83 calls on local authorities to provide special education for children who are shown by an assessment carried out in application of Section 6 (those aged two or under) of the 1981 Education Act to have special needs. This often gives rise to very effective intervention by peripatetic services and portage schemes with a view to preparing for school integration.

Where integration in pre-school education remains limited, this may be due to misgivings about a disabled child's differences, or fear of having neither the necessary skills nor the resources available. In France, the *centres d'aide médico-sociale précoce* do provide support in the pre-school, but in some other countries such co-ordinated action is less evident. The fear is sometimes expressed that early integration at pre-school level creates obligations with respect to the family that cannot be maintained at primary school level.

The optional nature of pre-school education leads to a good many countries adopting a *laissez-faire* policy, which certainly has the necessary flexibility, but which reflects an ambivalence in attitudes towards the pre-school disabled: despite the consensus with regard to the importance of early intervention, parents seem to be given little incentive to use the services available. These services, often created and run by voluntary organisations, are not always free of charge, thus resulting in inequality of access. Learning problems become very real when the child starts compulsory school. Without doubt, the most glaring example is that of young deaf children. The importance of a hearing aid being fitted and education beginning even before the child is a year old, at the stage when it should begin to communicate, is universally emphasized. Experiments carried out long ago in France in the Val de Marne and in Spain under the aegis of the Barcelona CEPEDS have demonstrated the advantages that can be derived from early integration at the pre-school level; however, it is still very common for a deaf child to arrive at primary school age without having had the benefit of the very thorough and systematic help he or she would have derived from early assistance services and integrated pre-schooling.

However, even when the existence of early educational needs is recognised and there is the will to satisfy these, the response is frequently that of segregated provision. It is comparatively rare for special classes to be attached to ordinary pre-schools, and there are in fact very few of them (21 in France, 35 in New Zealand, 40 in Spain). On the other hand, most countries seem to be expanding the number of places in specialised facilities (special pre-schools or pre-school classes set up in special schools). By the late 1980s, such facilities were catering for 2 090 children in France, 300 in Ireland and 2 121 in Japan. Segregated provision is also preferred in cases where the handicap (such as mental retardation or language difficulty) is mild, since it is thought that early intervention will compensate for, or cure, the difficulty. Such provision is often in a special class. For instance, in Japan in 1988, 1 800 children aged three to five years with speech difficulties related to articulation, and 1 058 who were language-retarded, were enrolled in special classes in pre-primary schools. All that is known about the enormous importance of the early years still does not always suffice to bring about any real improvement in provision, which varies considerably in effectiveness and availability from one country to another and its benefits, in most cases, are unevenly spread, depending on the socio-cultural level, competence and perceptiveness of the family.

b) Integration and primary education

"Integration means different things in different systems. This need not be a problem as long as it is realised that integration is shorthand for a process of reforming the entire school system and building up appropriate provision for all pupils" (Hegarty, 1988). This link between the will to change the way a school system operates and to improve integration in both quantitative and qualitative terms is stressed in many countries, though the criteria for such changes differ. In countries where there is talk of changing the school, it is in order first to modernise provision and improve the overall performance so as to bring it more into line with the country's needs and, second, to make it more democratic and more capable of preparing all pupils for more effective participation and integration in society. The resulting reforms try to combine these somewhat contradictory ambitions. Historically, compulsory primary education was considered essentially as a tool for societal integration, for the dissemination of the values and knowledge necessary for the constitution of a group with a shared identity, of a nation. Where the concept of equality of opportunity was introduced, it was to create a balance between the needs of the State to have a literate population and the needs of the individual to be educated and trained. Special classes attached to ordinary schools have been one of the consequences of a policy of streaming justified on the grounds of the diversity of the "forms of intelligence" involved in this process.

Addressing inequalities connected with family status resulted in moves to redistribute opportunities and offset disadvantages. This took the form of the Head Start Program in the United States, clinic teaching, expanded educational psychology services and psycho-pedagogic aid groups in France (*groups d'aide psycho-pédagogique*), the elimination of streaming in lower secondary schools in France, in some German *Länder*, Italy, the Scandinavian countries and the United Kingdom, and by the extension of the scope of special education along the lines proposed in the United Kingdom's Warnock Report. There is a conflict between the need to permit high flyers to achieve to the maximum of their ability, and the need to integrate and group together children of all abilities for their mutual benefit. How this fundamental dilemma is addressed determines what difficulties integration will encounter.

In some Member countries, it seems as if the aim is above all to establish with precision and objectivity the limits of what is possible, these limits being defined by the present requirements of the school. The changes that are needed in the school itself in order to cater for integration will often be seen as simply involving structural modifications or changes in rules and regulations rather than any fundamental change in the way the school operates. Efforts are concentrated on preparing the disabled children for integration, rather than changing the school in preparation for their integration; one of the main criteria in selecting pupils for integration is that they should be sufficiently "normalized" in advance to fit into an ordinary class. An increased number of special classes or attached units permits semi-integration, which saves the ordinary school from having to change, insofar as those who are different are in separate premises and have only limited contact with the main body of pupils.

Many countries have modified the way their schools operate by grouping pupils according to age rather than according to ability. In Denmark: "Because it is believed that children can best develop when they are placed in heterogeneous groups, they are not separated by either formal or informal evaluation. Thus children who start kindergarten or 1st grade together remain together with the same teachers (one for each subject) at least through grade seven and often through Grade 9" (Dyssegaard, 1980). Austria, Finland, Ireland, Norway, the United Kingdom and a few other countries have taken the same route. On the other hand, France (where the primary education system has recently been reformed to allow children to progress within the three-year cycles at their own pace), Portugal and Switzerland have retained a horizontal structure based on level of ability, although the figures show that repeating and underachievement (which very soon leads to notification, labelling and placement in a special class for some pupils) may be largely attributable to this type of structuring. The method of teaching is also affected, as individualised curricula are less welcome in a horizontally structured system.

The result is that in countries which have retained this horizontal model, the right to integration is accorded only to those who can keep up academically. Pupils who are placed in special classes or units attached to ordinary schools are often counted as integrated pupils. Part-time integration is another adaptive way of accommodating special-needs pupils, where they have an individualised programme which involves their attending the ordinary class for those parts of the curriculum that are not core subjects. A helper giving pupil support, where they both sit at the back of the class, is a common practice but is of questionable merit in terms of integration.

The principle adopted in Italy is quite different since it requires that all children be individually integrated in ordinary classes. It is based both on a new approach to children with special difficulties and a new approach to the school, the learning process and the role of teachers. Somewhat unexpectedly, this complete transformation of the school, despite its swiftness, does not appear to have undermined the system to any extent. On the contrary, it is felt that it has been responsible both for greater participation by parents of every socio-cultural level in what goes on in the school and, above all, for the very evident mobilisation of the teachers, who seem to be more motivated. This radical overhaul has led to all the professionals concerned thoroughly reviewing their practices.

c) Integration and secondary education

The extension of compulsory schooling has increased the numbers enrolled at the "middle level" which, broadly speaking, covers pupils between the ages of 11-12 and 15-16. This change has taken two forms:

i) One where longer schooling is seen as an extension of primary education with the aim of raising the standard of well-being of society as a whole, by allowing access for all to the advantages of enhanced skills (practical skills such as mathematics and technology, hitherto elitist culture and everyday social skills). The basic school in the Scandinavian countries, which caters for all pupils undergoing compulsory education, is the clearest example of this type of change. As a result of which, the basic school has altered in a way that makes for easier integration (smoother transition from one level to the next; the possibility for teachers to "keep track" of their pupils from their first year to a higher level -- sometimes up to 7th grade; a stable "peer group" throughout the whole cycle; and work organised on the basis of these mixed-ability groups).

ii) Most other countries, however, have taken a different road. Retaining the differentiation between primary and post-primary education, the extension of compulsory schooling has been seen as necessarily leading to universal enrolment in the hitherto selective post-primary education system. This has made it difficult to combine retention of the old academic "standard" with broader access for a population which found it hard to attain this level, especially if it had to do so at the same rate of progress. Integrating the middle school into the pattern of compulsory schooling has therefore meant finding and introducing palliatives (late entry, early leaving, streaming).

During the 1970s these solutions were called into question and a more unitary system was introduced. But, in many countries, selective practices remain very much alive although more discreet. To take one example, in the Netherlands, pupils having taken the primary school-leaving examination (at about the average age of 12) are enrolled in the first year of secondary school, which is an orientation year,

after which they are assigned by a board -- on the basis of their academic record, examination results (especially in the sciences) and psychological tests -- to one of the following three streams:

i) pre-university;
ii) general secondary (three levels);
iii) vocational.

It is easy to see how a system of this kind, based on such early assessment and streaming, tends more to encourage an "objective recognition" of differences rather than their reduction.

The individual integration of pupils whose difficulties can be overcome through modifications to premises, the installation of equipment and specialised aid (for pupils with motor or visual impairments, for example), has noticeably progressed over the last decade in most countries. Similarly, semi-integration by means of units attached to secondary schools is also progressing for all categories of children in difficulty, since it does not raise any fundamental problems insofar as these pupils remain sufficiently isolated for it to be possible to give them a special education as different as considered necessary from that provided in ordinary classes, though with some joint activities.

The central problem seems to be that of educating pupils with mild or moderate learning difficulties, when it then becomes a question of the average school's "threshold of tolerance", and the use of the various palliatives mentioned earlier. In Portugal and Italy, almost five per cent of the school population leave school while still at primary level because they continually have to repeat grades. In France, in 1988, 3.6 per cent of pupils between 12 and 16 years old were attending *sections d'éducation spécialisée* (SES), special education units attached to secondary schools whose intake is in the IQ range 65-80. Alongside these units, which apply the enrolment requirements and teaching methods of special education, it is not unusual for there to be other structures which accept pupils whose underachievement at school may not specifically be due to any intellectual disability. In France, for instance, the *classes préprofessionnelles de niveau* (CPPN) and the *classes de préparation à l'apprentissage* (CPA) were due to be abolished some years ago, but in 1988 they still accounted for almost four per cent of the lower secondary school (*collège*) population.

Special programmes have been launched, modelled on the Head Start experiment in the United States. Two well known examples in Europe are the system of educational priority areas in the United Kingdom and the *zones d'éducation prioritaires* in France. The idea is to increase the resources made available to educational structures serving areas where the population is particularly disadvantaged, and to make these structures more flexible. Such provision has generally made it possible to keep a good number of pupils with learning difficulties in ordinary schools and the pupils' attainment has in many cases considerably improved. What is remarkable is that the proportion of pupils suffering from motor, visual or auditory impairments who have been able to be integrated has generally been very much higher than outside these priority areas.

It could be said that, as in the case of Italy, the Scandinavian countries, the United Kingdom and the United States, the type of provision which is most conducive to integration is that where effective action on lower secondary school curricula has been taken in order to make these more accessible to the majority of pupils. This tendency gathered pace during the 1970s, but was called into question in the United States and in France in the mid-1980s (by the National Commission on the Quality of Education in the United States, which published in 1983 *A Nation at Risk: The imperative for educational reform* and by the "republican elitism" movement in France). In Italy, the Scandinavian countries, the United Kingdom and the United States, pupils with learning difficulties at lower secondary school level enjoy the same type of support they had at primary school. However, in other countries such support is continued beyond primary school only for children suffering from a physical impairment, so that in France, for example, pupils

receiving support from the *groups d'aide psycho-pédagogique* at primary school have to attend a *section d'éducation spécialisée* when they transfer to secondary school.

The trend as regards post-compulsory education during the 1980s seems to have been influenced essentially by the desire to increase the number of adolescents benefiting from it: 94 per cent in Japan, 87 per cent in the United States, 72 per cent in Canada. Other Member countries aim to reach a similar level but are still quite a long way from it. Increased enrolments are being accommodated by rearranging the system rather than by a fundamental rethink, and the whole issue of selection is the subject of much debate. In those countries where school enrolment is high (Canada, Japan, United States) as well as in those where it is relatively low (Greece, Portugal, Spain, Turkey), the emphasis is on selection, social advancement and competition, with all of this reinforced by university entrance requirements. In these circumstances, equality of access tends to be lost sight of, and the likelihood of curricula being changed in order to facilitate access begins to fade. Nonetheless, as the need to raise enrolment rates becomes more widely recognised, one sees a substantial increase in the individual integration of physically disabled but academically able youngsters.

Individual integration and the support services that go with it are most widespread in the United States, thanks to the Act of 1975 which made these a right, free of charge. Similarly, in Italy, the Ministerial Circular No. 262 of 22nd September 1988 established the principle of the right to individual integration at secondary level. The same trend is to be seen in the majority of countries, and has resulted for the most part in the provision of support, generally in the form of a helper. However, the new arrangements often apply only to particularly bright pupils. Teacher specialisation at this level means that they seem only rarely to adapt their methods, while helpers are often unable to provide the necessary aid. A blind pupil, for instance, has no means of transcribing the phonetic symbols used by the teacher in a language course, or the symbols used in a statistics course, but a properly trained helper could provide such assistance.

In Scandinavian countries, group integration is practised at this level for pupils with mild learning difficulties, and vocational training in upper secondary schools often leads to jobs in municipal services for these students. Japan has made considerable efforts to increase the number of disabled students in upper secondary level education, all of whom are on vocational training courses. A Ministerial Order sets out the restricted list of courses provided -- all of which are vocational, the expansion of post-compulsory education for the disabled being mainly vocational training provision.

This has had a limited effect on the type of schooling offered to pupils with special educational needs, and has been at the expense of integration. In Portugal, for example, despite very ambitious regulations laying down a quota of places to be reserved for disabled students in vocational training establishments, the system of entrance examinations largely excludes them. Where there are special measures to facilitate the transition from school to work, these seem to have positive effects as regards integration, as in the case of Somerset in the United Kingdom (Taylor, 1987). The preference for extended vocational training is open to question, and some countries prefer earlier integration into the world of work so as to facilitate the transition to adult status.

The future of integration

a) Financial implications

It is worthwhile to try to determine the extent to which financial resources limit integration. It would be imprudent to claim that substantial savings could be made by substituting integration for more costly placement in special facilities. Any policy that sets out to reduce costs runs the risk of reducing the

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quality of provision. Where there has been an increase in expenditure on special education in recent years, it has been due to the considerable increase in the number of beneficiaries, not to the introduction of integration.

Average annual costs per pupil in US$
(rate of exchange as of June 1988)

Country	Ordinary primary education	Special school placement	Integrated placement
Australia (ACT)	2150	8675	4455
Denmark	3450	24550	12450
Italy	1895	20030	5225
Japan	5210	43170	*
Norway	3390	10545	*
Portugal	*	2065	3304
Spain	1100	8800	2125
Sweden	3965	22120	*
United States	2500	37500	7000

* Figures not available

The greatest caution is called for when comparing these figures. What the costs and additional costs include varies from one country to another, as does the proportion of pupils who are boarders, the extent to which medical services are included, etc. However, the figures are more or less consistent, apart from those provided by Portugal (where the situation appears to be due to the fact that the special facilities for most of the pupils concerned are provided by "co-operatives" set up on the initiative of and run by parents, with only some assistance from the authorities). Apart from the odd case where the additional cost of support is greater than the additional cost of institutionalisation, the figures tend to converge. Compared with the cost of ordinary education, the average cost of special education is seven to nine times higher in the case of placement in a special school. These figures (which confirm rough estimates based on the cost of the "extras" provided in both cases) demonstrate the considerable savings made in borderline cases when integration is preferred to segregation. The impact of these differences in the unit cost (from two to four times as much), coupled with the differences in the proportion of young people institutionalised in the same country (25 times higher in the District of Columbia than in Oregon) or in different countries, is astounding and it is surprising how unwavering the payers are.

National legislation, while unanimous in establishing the principle of free special education, has differing views as to the content of this free provision: United States legislation (Annex C, United States, 1975) contains the most extensive definition. It establishes the principle of special education "financed by public funds, managed and controlled by public services, without cost to the parents" (P.L. 94-142, §121a.4). This free provision extends to "services necessary from a developmental or corrective standpoint: audiology, psychotherapy, psycho-motor therapy, occupational therapy, appropriate leisure activities, screening, diagnoses, parent counselling, parent training" (§121a.13), and also the cost of any residential

provision that may be necessary (§131a.302). At the other extreme of the range of provision, in Portugal the co-operatives that look after the majority of the mentally retarded are simply subsidised by the State, and in Switzerland a pupil who, after examination by an expert, is considered an "invalid" is entitled to a global financial contribution from the disability insurance service (SF 12 per day for school expenses, SF 8 per day for boarding expenses).

Despite this disparity, the fact that integrated provision is a recent innovation in some countries has led to a situation where families of integrated disabled students receive less financial assistance than those whose children are in special schools. Where non-fee paying residential provision is available for special-needs pupils, this is an added incentive to placing children from socially disadvantaged families in special schools, and the free and more readily available medical and paramedical services in special schools have this same effect. In France, for example, a deaf child in a special school receives free food and substantial financial help towards purchase and maintenance of a hearing aid, audiological monitoring and possibly speech therapy, whereas in an integrated placement there would be no such financial support. For certain categories, and in particular for children with learning difficulties, placement in special schools depends much more on social than on pedagogical considerations, which may explain a good many of the disparities.

The survival of the medical model is at one and the same time both a cause and a consequence of the slowness of the move towards integration. One of its practical manifestations in many countries is the way responsibility for the cost of free special education is split between central, regional and local authorities on the one hand, and the social security system on the other. While the costs of integrated provision are financed out of the State or local authority budgets, those of segregated provision in the case of France, Portugal and Switzerland are financed mainly by the social security system. The education authorities are reluctant to promote integration if this results in a transfer to their budget of considerable expenditure hitherto borne by the social security system. In France, this transfer of funds, although explicitly provided for by the Law of 1975, had still not taken place fifteen years later, while statutory instruments intended to promote integration continued to make it contingent on the conclusion of agreements between the ordinary schools and special schools.

Even where all of these costs are considered as educational expenditure, the division of responsibilities between the different levels of government can create problems. In Sweden, for example, while the cost of educating individually integrated students is borne entirely by the municipality, aided by a block grant from central government that is not based on the number of pupils concerned, the costs in the case of children categorised as having an auditory or mental impairment (and thus placed in special schools, units or institutions) are borne by the county. Similarly, in Norway the "A Fund" is a supplementary block grant (equivalent to between 10 and 15 per cent of the school's general operating budget) intended to cover the additional cost incurred due to the presence of children with difficulties but who have not been categorised. On the other hand, the "B Fund" is earmarked for pupils who have been categorised by the psycho-pedagogic services. In either case, it would seem difficult to prevent this having a persistent effect on the processes of evaluation and categorising, and the type of provision suggested to families.

b) Obstacles to integration

The principle of normalization means that the disabled should have a way of life that is as normal as possible, and implies a rethinking of established educational provision. Integration was introduced in a political and cultural context that differed substantially from country to country, with the result that aims, practices, and the pace of change differ. Scandinavian countries worked on the principle that normalization (living like others, in an environment as normal as possible) should lead to social integration (living with

others) which is seen as a basic right of the individual. In the United States, this principle of normalization was imported at a time which coincided with the struggle for minority rights, hence the incorporation of a right to equality of access and the right to be educated in the least restrictive environment possible.

In Italy, the change has involved a fundamental rethink of the attitude both to the disabled and to the practice of segregation (notably in the context of mental hospitals, see Basaglia, 1968) which is viewed as the outcome of social oppression with exclusion as both end and means. This was followed immediately by the integration of all handicapped children and a parallel change in the very way that schools operate. Italy is the only Member country which, in its response to the OECD questionnaire, states that its objective is the individual integration of all children. In the United Kingdom, the aim seems to be more that of changing attitudes towards the disabled: "It will not be enough if these changes in attitudes are confined to people engaged in special education. Changes in attitude are also necessary on the part of the public at large" (Warnock Report, 1978). Other countries seem to be searching for a compromise between the new ideas and a gradual evolution of the status quo.

It is debateable whether research has contributed much to integration. "It may be said that most research in special education and on handicaps has been too restricted. This is the case in two respects. Research has concentrated too heavily on studies of handicapped pupils and their characteristics; connected to this are also studies of different kinds of treatment given to these pupils. The other restriction has to do with the fact that most studies had too short a time perspective. This is perhaps especially true for studies on integration. Very little is said about the integration process as such. To make it possible, one must have studies on a broader design, including process-oriented effect studies on the whole group and educational settings... In this perspective, studies on the new role and its consequences for special education teachers may be seen as important and promising" (Emanuelsson, 1985).

Various countries state their intention to take the integration process further as and when research demonstrates its positive effects. Consequently, many studies are being carried out in order to evaluate integration, most of them at the request of the authorities in those countries which have no experience and no preconceptions as regards the new approach. The aims and methods used in integration do not lend themselves to investigation by traditional research techniques, which may explain why the *Centre de recherches sur l'éducation spéciale et l'adaptation scolaire* (CRESAS) in Paris and the Istituto regionale per l'apprendimento (IRPE) in Bologna suggest that what is needed is research that gives due weight to teachers' points of view and motivations, to their lack of training for their new role, and to the cultural and ideological context which is a vital factor as regards the progress of integration. In their view, action research should involve closer links between the teacher and the research team.

Some of the changes that are taking place in the field of education as a whole are liable to have negative effects on the development of integration, in particular:

a) the decentralisation of decision-making, which deprives the central authorities of their power and responsibility to push forward a policy;

b) budgetary restrictions, which tend to encourage a reduction in the resources made available; and

c) the "hardening" of the school system, which focuses attention on the level of an elite that has been formed through a process of selection and competition.

Will criticism of the policies of the welfare state lead to the break-down of the social contract (as Wolfensberger, 1985, predicts) and to a change in the status of the most disadvantaged within a two-tier post-industrial society? Or should we agree with the Danish Ministry of Education that: "It should not be

forgotten that spokesmen and ideological missionaries for segregation have outnumbered their opponents for the better part of this century in most developed countries. For a period in the 1970s a widespread tendency for change to the completely opposite opinion showed, but now it is apparent that a sensible, factually based balance is establishing itself" (Annex C, Denmark, 1988).

The problem is not one of consuming more financial resources, but rather of using these resources differently. The swift and coherent measures that were taken in the case of hearing impaired pupils in London and Leeds demonstrate what can be done when the centres of decision are close to the user. The case study produced for the OECD by Taylor (1987) on the development of integration in Somerset, where he was Chief Education Officer, shows how this transfer of responsibilities (and unified funding) increased the possibilities for implementing a coherent policy. Thus, in Somerset: "Between 1980 and 1984 the percentage of the school population educated outside the mainstream declined from 2.3 to 1.6 per cent." This was achieved by carefully planning the desired moves within the framework of a programme of expenditure approved by the local authority and pushing ahead with a firm policy in the face of opposition (for example, that of the association representing dyslexics, who wanted special classes), "preferring to see such children educated in ordinary schools alongside their peers with appropriate support from remedial teachers, educational psychologists and other therapists." The most important change is that the new attitude to the disabled is gradually becoming the norm. The disabled themselves are developing an identity that makes them increasingly capable of integrating and becoming some of the most effective advocates of integration.

"The development of integrated education is to me a slow process (and a tiresome process) of breaking down the prejudice, of developing special knowledge (the knowledge we need to provide good education) and of restructuring resources for our purposes. All our societies can afford to provide integrated education to our disabled children and to combine it with good social conditions in the natural environment where these children grow. As I said, we all seem to be in the process of developing these opportunities to larger and larger groups of disabled people. We are all facing the questions: How far can we get? What is the limit? Or is there any limit? I don't think that we should try to establish any limit for the process of integrated education. If we had discussed that 20 years ago we should have thought that what we do today would not have been possible. That teaches us that there is no actual limit...The problems of disabled people cannot be solved and cannot be dealt with in isolation; they have to be integrated as an important part of the general discussion on how to shape our future societies" (Bengt Linqvist, Sweden's Minister for Family Affairs and Matters concerning the Disabled and Elderly, in his opening speech at the OECD Ministerial Meeting in Paris in 1986).

This survey has focused more on what remains to be done than on what has been achieved so far. Our aim has not been to suggest models but rather to try to use as points of reference as much as subjects for discussion the ambitions, theories and practices of those countries that are closely concerned with the problem of integration.

Annex A

Extract from the United States Public Law -- US P.L. 94-142 (20 USC 1400) Regulations for Implementing the Education for All Handicapped Children Act of 1975 (42 CFR 300)

§121a.5 Handicapped children

"**Deaf**" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

"**Deaf-blind**" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

"**Hard of hearing**" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

"**Mentally retarded**" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

"**Multihandicapped**" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

"**Orthopedically impaired**" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contractures).

"**Other health-impaired**" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, haemophilia, epilepsy, lead poisoning, leukaemia, or diabetes, which adversely affects a child's educational performance.

"**Seriously emotionally disturbed**" is defined as follows:

i) a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

   a) an inability to learn which cannot be explained by intellectual, sensory, or health factors;

   b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

   c) inappropriate types of behavior or feelings under normal circumstances;

   d) a general pervasive mood of unhappiness or depression; or

   e) a tendency to develop physical symptoms or fears associated with personal or school problems.

ii) children who are schizophrenic or autistic (the term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed).

"**Specific learning disability**" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or of environmental, cultural, or economic disadvantage.

"**Speech-impaired**" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance

"**Visually handicapped**" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

Annex B

Tables

The figures in the following tables for Australia (1988), Japan (1987), Spain (1988), United States (1982-83), Italy (1985) and Portugal (1987) were provided in response to an OECD questionnaire in 1988. Figures for Ireland (1988) are from an unpublished UNESCO study. Figures for France (1988) are from the French Ministry of Education. Figures for New Zealand (1987) are from UNESCO and the New Zealand Ministry of Education. The tables do not give a comprehensive picture of provision in the Member countries. All figures are per 10 000 pupils.

Table B.1: Total number of pupils receiving special educational provision

Country	In special schools	In special classes	Integrated	Total
Australia (ACT)	56	132	1282	1470
Australia (NSW)	68	105	62	235
France	130	190	27	347
Ireland	114	21	20	155
Italy	14	0	143	157
Japan	53	50	0	103
New Zealand	52	135	4	191
Portugal	75	0	56	131
Spain	69	74	32	175
United States	71	259	685	1015

Table B.2: Pupils with special needs related to mental retardation

Country	In special schools	In special classes	Integrated	Total
Australia (ACT)	52	86	0	138
Australia (NSW)	57	90	5	152
France	71	170	8	249
Ireland	90	21	0	111
Italy	9	0	113	122
Japan	30	37	0	67
New Zealand	33	53	0	86
Portugal	50	0	23	73
Spain	51	31	17	99
United States	25	104	52	181

Table B.3: Pupils with specific learning difficulties

Country	In special schools	In special classes	Integrated	Total
Australia (ACT)	0	0	1225	1225
Australia (NSW)	3	5	28	36
Ireland	9	21	0	30
New Zealand	0	53	33	86
Spain	2	28	0	30
United States	6	84	323	413

Table B.4: Pupils with hearing disabilities

Country	In special schools	In special classes	Integrated	Total
Australia (ACT)	2	3	13	18
Australia (NSW)	1	8	16	25
France	7	2	6	15
Ireland	8	0	17	25
Italy	2	0	8	10
Japan	5	1	0	6
New Zealand	3	2	2	7
Portugal	3	0	9	12
Spain	4	3	3	10
United States	4	6	6	16

Table B.5: Pupils with visual disabilities

Country	In special schools	In special classes	Integrated	Total
France	8	0	0	8
Ireland	1	0	0	1
Portugal	5	0	1	6
Spain	0	0	5	5
United States	3	4	4	11

Table B.6: Pupils with physical or motor disabilities

Country	In special schools	In special classes	Integrated	Total
Australia (ACT)	0	0	25	25
Australia (NSW)	5	2	4	11
France	12	2	7	21
Ireland	6	0	0	6
Italy	1	0	26	24
Japan	11	1	0	12
New Zealand	2	2	0	4
Portugal	13	0	18	31
Spain	6	3	8	17
United States	8	8	11	27

Table B.7: Pupils with multiple handicaps

Country	In special schools	In special classes	Integrated	Total
France	8	0	0	8
Ireland	1	0	0	1
Portugal	5	0	1	6
Spain	0	0	5	5
United States	3	4	4	11

Table B.8: Pupils with spoken language disabilities

Country	In special schools	In special classes	Integrated	Total
Australia (ACT)	0	3	15	18
Japan	0	4	0	4
New Zealand	0	64	0	64
United States	4	14	250	264

Table B.9: Pupils with behavioural or emotional difficulties

Country	In special schools	In special classes	Integrated	Total
Australia (ACT)	0	30	4	34
France	28	5	6	39
Ireland	6	0	0	6
Japan	0	7	0	7
New Zealand	6	6	0	12
Spain	5	10	3	18
United States	15	32	36	83

Annex C

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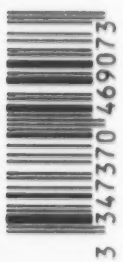
THE INTEGRATION OF DISABLED CHILDREN INTO MAINSTREAM EDUCATION: AMBITIONS, THEORIES AND PRACTICES

The integration of handicapped children into mainstream schools remains an important policy issue in OECD countries. Thinking about the nature of handicap has evolved significantly over the last several years. This publication, based on information supplied by a wide range of Member countries and many other sources, traces the significant steps that have led to this new approach and discusses the concept of integration, its practice and its implications for training teachers and support staff. It also sketches some of the financial implications and obstacles to integration. This is thus the first report to discuss the concepts relating to handicap and disability within such a broad framework.



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